Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003341
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 684

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS Mo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Baptist Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1847 S. 10th — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LESLIE Middle: Last: OAKS

4. DATE OF DEATH: Month: JAN. Day: 19 Year: 1959

5. SEX: Male

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: OCT. 4 1896

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: MORGAN HAULING

11. BIRTHPLACE (City and state or country): ARKANSAS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LEVI OAKS

13b. MOTHER'S MAIDEN NAME: NANCY PUCKETT

14. NAME OF ~~HUSBAND~~ OR WIFE: MABEL OAKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-05-7669

17. INFORMANT: MABEL OAKS — Address: 1847 S. 10th ST.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Peritonitis, generalized; following abdominal surgery;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the cause given in PART I: Fractured ribs, sustained in collision between truck & car operated by one Jno. Coudle, on Mo. #66 near #67 in St Louis County on October 6, 1958.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour: 5 a.m. 10 p.m. — Month, Day, Year: 6 58

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 35 Hwy

20f. CITY, TOWN, OR LOCATION: St Louis County — COUNTY: — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:05 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Catherine E Doyle — (Degree or title): 3

22b. ADDRESS: 13a. Clay

22c. DATE SIGNED: 1/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JAN. 21 1959

23c. NAME OF CEMETERY OR CREMATORY: CORNING CEM.

23d. LOCATION (City, town, or county): CORNING — (State): ARK.

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: JAN 20 '59

26. REGISTRAR'S SIGNATURE: Carl Smith M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 434
P. O. Address 2906 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.