t. Health,
, & Welfare
S. Public
th Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020838
STATE FILE NUMBER

FILED JUL 21 1959 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY: Dent b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Salem — Inside Limits: Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Knox Nursing Home — Length of stay in Ib: 1 mo	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Reynolds c. CITY OR TOWN: Ellington — Inside Limits: Yes [ ] No [X] d. STREET OR RFD ADDRESS (If outside, give location): xx — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Richard Middle: - Last: Okeland
4. DATE OF DEATH: Month June Day 18 Year 1959

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec 2 1870
9. AGE (In years last birthday): 98 — 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): Engineeer R R
10b. KIND OF BUSINESS OR INDUSTRY: Ill Cen.
11. BIRTHPLACE (City and state or country): New Mexico
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: not available
13b. MOTHER'S MAIDEN NAME: Mary Clark
14. NAME OF HUSBAND OR WIFE: Stella Okeland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: 489 26 2046
17. INFORMANT: Stella Okeland Address: Ellington Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro-vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis. (Generalized)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

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

20a. ACCIDENT [ ] 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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958, to 1958 and last saw her/him alive on 1 month - 6-18-59
Death occurred at 7 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph L Burnett (Degree or title) DO
22b. ADDRESS: 415 E High Potosi Mo
22c. DATE SIGNED: 6-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: June 22 1959
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
23d. LOCATION (City, town, or county) (State): Redford Reynolds Co Mo

24. FUNERAL DIRECTOR ADDRESS: Spencer Funeral Home Inc
25. DATE RECD. BY LOCAL REG.: 6/29/59
26. REGISTRAR'S SIGNATURE: M. M. Hart M.D. by ane

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 2370

P. O. Address .....

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.