

FILED VS SEP 9 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029879
State File No.....

BIRTH NO. 215 REG. DIST. NO. 3047 PRIMARY REG. DIST. NO. 85 Registrar's No.....

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Oklahoma b. COUNTY Delaware	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN Grove	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 days		e. STREET ADDRESS (If rural, give location) 8350 Council House Dist.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital			

3. NAME OF DECEASED (Type or Print) Susie		a. (First)		b. (Middle) Howard		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug 27 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 9th 1880		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Floyd Co. Kentucky			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Randolph H. Olbrook		13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE John Howard	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. B. Williamson Anderson Missouri		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractured ribs				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9000					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fell at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Anderson Mc Donald mo	
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21d. TIME OF INJURY 8-26-59 12m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Fell down two steps	
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22. I hereby certify that I attended the deceased from **8-26 1959**, to **8-27 1959**, that I last saw the deceased alive on **8-27 1959**, and that death occurred at **11:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE H. Blankenship, M.D.		(Degree or title)		23b. ADDRESS Neosho mo.		23c. DATE SIGNED 8-29-59	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 30th 1959		24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery		24d. LOCATION (City, town, or county) (State) Delaware Co. Near Grove, Oklahoma	
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DATE REC'D BY LOCAL REG. 8-29-59		REGISTRAR'S SIGNATURE Melvin A. Rowman, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Worley Funeral Home		ADDRESS Grove, Oklahoma	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 25 1959

SEP 27 1959
SEP 8 1959
959-154

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.....

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.