

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-019554

FILED VS. JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2937 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett Station</u>		Length of stay in 1b <u>1 WK</u>		c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2001 Kingshighway</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>HOMER</u> Last <u>OLDHAM</u>				4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>60</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG. 4 - 1899</u>		9. AGE (last birthday) <u>60</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Quinn material</u>		11. BIRTHPLACE (City and state or country) <u>Marceline MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John H. Oldham</u>			13b. MOTHER'S MAIDEN NAME <u>Emmett or Caulley</u>			14. NAME OF HUSBAND OR WIFE <u>Hazel Oldham</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>496003-6107</u>		17. INFORMANT <u>Hazel Oldham - Liberty, MO</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory failure</u> DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Diabetes Mellitus</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>2 wks.</u> <u>5 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic neuropathy, nephrosclerosis.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <u>6:23 AM</u> Month, Day, Year <u>5/28/60</u>										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1959</u> to <u>5/28/60</u> and last saw him alive on <u>5/27/60</u> Death occurred at <u>6:23 AM, 5/28/60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>R.P. Bowler, MD</u>		22b. ADDRESS <u>Liberty, Mo.</u>		22c. DATE SIGNED <u>5/28/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-28-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Clay Co. MO</u>				
24. FUNERAL DIRECTOR <u>Church-Archer Co. Liberty, MO</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-31-60</u>		26. REGISTRAR'S SIGNATURE <u>Meva Minshall</u>			

DOCUMENT

BY AFFIDAVIT OF R. P. BOWLER MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

JUN 15. 1960.

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 John Embury

Licensed Embalmer No. 4448

P. O. Address Liberty

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.