MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1961

-61-008184
STATE FILE NUMBER

AMENDED

Registration District No. 6 9 8 Primary Registration District No. _____ Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jamesport
Length of stay in 1b: 5 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ---
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Daviess
c. CITY OR TOWN: Jamesport
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ---
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rebecca Middle: Ann Last: Oxford
4. DATE OF DEATH: Month: March Day: 9 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-26-1881
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Daviess Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Talley
13b. MOTHER'S MAIDEN NAME: Frances Stewart
14. NAME OF HUSBAND OR WIFE: Homer H. Oxford
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.: None
17. INFORMANT: Homer H. Oxford Address: Jamesport, Mo.

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): Carcinoma R. lung & liver — INTERVAL BETWEEN ONSET AND DEATH: 12 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Jan 1961, to Mar 9, 61 and last saw her/him alive on Mar. 9, 61
Death occurred at 4:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Floyd E. Nelson M.D. (Degree or title)
22b. ADDRESS: Gallatin, Mo.
22c. DATE SIGNED: 3-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-11-1961
23c. NAME OF CEMETERY OR CREMATORY: Lock Springs Cemetery
23d. LOCATION (City, town, or county) (State): Lock Springs, Mo.

24. FUNERAL DIRECTOR: C. Richerson
ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: 16 March 1961
26. REGISTRAR'S SIGNATURE: Virgil M. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

MAR 22 1961

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Ill.

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.