SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021641
STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 97

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City
Length of stay in 1b: 26 yrs.

c. CITY OR TOWN Webb City
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 802 W. 3rd St.
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 802 W. 3rd St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Oma Middle: Last: Day

4. DATE OF DEATH Month: June Day: 23, Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-3-1899

9. AGE (last birthday): 62

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

11. BIRTHPLACE (City and state or country): Midland, Texas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Fred Creech

13b. MOTHER'S MAIDEN NAME: Ida Martin

14. NAME OF HUSBAND OR WIFE: Wesley Day

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.

17. INFORMANT: Wesley Day Address: 802 W. 3rd St. Webb City, 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) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — years
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 7-7-53, to 6-23-61 and last saw her/him alive on 6-23-61.
Death occurred at 9:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Ferguson M.D.

22b. ADDRESS: Webb City, Mo.

22c. DATE SIGNED: 6-26-61

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

23b. DATE: 6-28-61

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State): Webb City, Mo.

24. FUNERAL DIRECTOR: Johnston-Simpson, Webb City, Mo.

25. DATE RECD. BY LOCAL REG.: 6-27-61

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 31 1962

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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.