

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43518

State File No. _____

FILED JAN 5 1950

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>191</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY OR TOWN <u>Russell Wash twp</u>		c. LENGTH OF STAY (In this place) <u>17-6-11</u>		c. CITY OR TOWN <u>Burch</u>		42	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS <input checked="" type="checkbox"/> (When also located)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER DEWEY</u> b. (Middle) <u>INGHAM</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-49</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-23-1899</u>		9. AGE (In years last birthday) <u>50</u>	if OVER 1 YEAR Months <u>7</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Ingham</u>		13b. MOTHER'S MAIDEN NAME <u>McKeehan</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record, Burch</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no 2X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-3-1942</u> to <u>12-17-1949</u> , that I last saw the deceased alive on <u>12-16-1949</u> , and that death occurred at <u>4:40 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. G. Hill M.D.</u>				23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>12-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ulrich</u>		24d. LOCATION (City, town, or county) (State) <u>Ulrich, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Ruthy H. Gaucy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Brown</u>		ADDRESS <u>Funeral Home, Ulrich, Mo.</u>	

(Increased Enrollment - Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

108
00

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1548

Date Filed 1-4-50

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 _____
Student Embalmer

Signed _____

Richard A. Shorter

Licensed Embalmer No. _____

45320

P. O. Address _____

Nevada, 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 this body is not embalmed, fact should be so stated above.