

FILED FEB 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3956

State File No. 0080  
Registrar's No. 150

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural West White Supp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural West White Supp</u>	
c. LENGTH OF STAY (in this place) <u>52 years</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #4 Windsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #4 Windsor</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>EWING</u> c. (Last) <u>OAKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>May 29, 1876</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County Missouri</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Timis E. McLane</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Wynne</u>	14. NAME OF HUSBAND OR WIFE <u>L. R. Oakes</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. R. Oakes Windsor Mo.</u> ADDRESS <u>Windsor Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis with emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
ANTECEDENT CAUSES (b) <u>Insufficient of long period</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Pulmonary infection (not assessed with tuberculosis)</u>			
II. OTHER SIGNIFICANT-CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Insufficient</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>526X</u>		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) (Min.)	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>1431 1931</u> to <u>Feb 4 1952</u> that I last saw the deceased alive on <u>Feb 2, 1952</u> , and that death occurred at <u>8:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Turner</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Windsor Mo</u>	23c. DATE SIGNED <u>2-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 13 1952</u>	REGISTRAR'S SIGNATURE <u>E. E. Eckhoff</u> 394	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor Mo</u>	

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

**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor Mo.

**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.