

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 369 Primary Registration District No. 6225 Registrar's No. 10038958 STATE FILE NUMBER

VS 300  
Rev. 4/59

1 1080

2 0840

3

4 1

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9 1200

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11

12 93-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH  
b. COUNTY NEVADA

b. CITY (If outside corporate limits, give TOWNSHIP only)  
NEVADA

Length of stay in 1b  
3M3d

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTE  
MO. STATE HOSP. NO. 3.

Inside Limits  
Yes ☒ No ☒

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

c. CITY OR TOWN  
HUMANSVILLE

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS  
NONE

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

OMA

BELL

OLDHAM

4. DATE OF DEATH

Month

Day

Year

10

3

1964

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-21-84

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

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

HOMEMAKER

11. BIRTHPLACE (City and state or country)

STOCKTON, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES GRANT SIMMONS

13b. MOTHER'S MAIDEN NAME

ELLA LOUISE CRABTREE

14. NAME OF HUSBAND OR WIFE

PEARL OLDHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

HOSPITAL RECORDS, NEVADA, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

MOS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS

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)

CHRONIC BRAIN SYNDROME ASSOC. WITH CIRCULATORY DISTURBANCE WITH CEREBRAL ARTERIOSCLEROSIS

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 6-11-64 to 10-2-64 and last saw her alive on 10-2-64  
Death occurred at 7:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George W. Pearson, M.D.

22b. ADDRESS

State Hosp., Nevada, Mo

22c. DATE SIGNED

10-3-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/3/64

23c. NAME OF CEMETERY OR CREMATORY

Local

23d. LOCATION (City, town, or county)

Cedar Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cantlon Funeral Home

25. DATE RECD. BY LOCAL REG.

10-3-1964

26. REGISTRAR'S SIGNATURE

Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

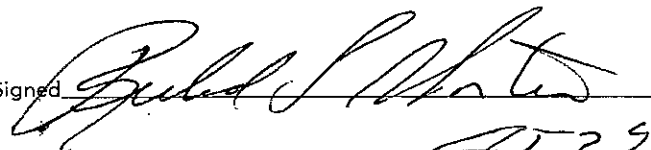
USE BLACK INK  
OR  
TYPEWRITER RIBBON

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



Licensed Embalmer No.

7532

P. O. Address

Needle Rd.

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.

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