

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **75388**

69159
FILED NOV 9-1953

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 3017	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 14 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Warren		0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Maries Hospital				d. STREET ADDRESS (If rural, give location) Patrick St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Margrett		b. (Middle) Lorene		c. (Last) Oquist	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
Nov. 5, 1953		8. DATE OF BIRTH Nov. 6, 1953		9. AGE (in years last birthday)		10. MONTHS 14	
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Carl Edwin Oquist		13b. MOTHER'S MAIDEN NAME Betty Fisher	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Carl Oquist, California, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurely 6 1/2 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19b. MAJOR FINDINGS OF OPERATION _____		19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. DATE OF OPERATION _____		21. MAJOR FINDINGS OF OPERATION _____	
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. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR? _____		21h. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 5, 1953 , to Nov 5, 1953 , that I last saw the deceased alive on Nov 5, 1953 , and that death occurred at 9: P. m., from the causes and on the date stated above.							
23a. SIGNATURE Dean A. Taylor M.D.		(Degree or title)		23b. ADDRESS Jefferson City, Mo. 11-6 53		23c. DATE SIGNED Nov 11-6 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/7/53		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo	
DATE REC'D BY LOCAL REG. Nov. 7-1953		REGISTRAR'S SIGNATURE R. P. Davis MD - RR		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin		ADDRESS California	

(Licensed Embalmer's Statement on Reverse Side)

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

in child of Dr. Taylor known of cause

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed