

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006842
State File No.

FILED FEB 18 1958

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6122 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond (Rural)</u>		c. LENGTH OF STAY (In this place) <u>24 hrs.</u>	c. CITY OR TOWN <u>Richmond</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Richmond County Memorial Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>545 North Main Street</u> 0896	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>A</u> c. (Last) <u>OLIPHANT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1908</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>19</u>	Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Thomas Oliphant</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Swofford</u>	14. NAME OF HUSBAND OR WIFE <u>Thelma Railey</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>487 14 4113</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma Oliphant</u>	ADDRESS <u>Richmond, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion (Edema)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma</u>		
	DUE TO (c) <u>auto accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Internal injuries -</u>			

19a. DATE OF OPERATION <u>Feb 11</u>	19b. MAJOR FINDINGS OF OPERATION <u>Swollen brain</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 10, in station</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Richmond, Ray Mo</u>	COUNTY <u>Ray</u>	(STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 10 5:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>
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22. I hereby certify that I attended the deceased from 1-10, 1958, to 2-11, 1958, that I last saw the deceased alive on 2-11, 1958, and that death occurred at 2:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Davault</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>2-13-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richmond Memory Garden</u>	24d. LOCATION (City, town, or county) <u>Ray County, Missouri</u>	(State) <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-14-1958</u>	REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>	ADDRESS <u>Richmond, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27-

VS JUL 27 1959

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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.....
Signature of Student Embalmer

Signed *Thomas J. Carter*.....

Licensed Embalmer No. *447*.....

P. O. Address *Richmond*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.