

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22885**

Registration District No. **830**

Primary Registration District No. **4503**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Shelbina Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** / **02**
(c) City or town **Shelbina** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1941** hour **5** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **May 31** 19 **41** to **June 4** 19 **41**;
that I last saw him alive on **June 2** 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**
Due to **nephritis** **12/8** **1 yr.**
Due to _____

Other conditions **High Blood Pressure** **5 yrs.**
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy **no**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **R. L. Caldwell** (M. D. or other) **D.O.**
Address **Shelbina, Mo.** Date signed **June 5**

3. (a) PRINT FULL NAME **Andrew Jackson Oliver**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mae L Oliver** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Oct 13th** **1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 **7** **21** hr. min.

9. Birthplace **Palmyra** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Blacksmith**

12. Name **John L Oliver**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Warren**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mae L Oliver**

(b) Address **Shelbina Mo.**

17. (a) **Burial** (b) Date thereof **6/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shelbina Mo.**

18. (a) Signature of funeral director **Walter Bartel**

(b) Address **Shelbina Mo.**

19. (a) **June 6 - 1941** (b) **Ruth Jaeger**
(Date received by local registrar) (Registrar's signature)

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

FILED JUL 14 1941

RECEIVED

District Health Officer No. 10

District File Number 7-41-1260

Date Filed JUL 10 1941

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.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed

Henry A. Barkelaw

Licensed Embalmer No. 3835

P. O. Address Shelburne, Md

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.