

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

614

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5285 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Williamstown Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clark Co. Washington Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamstown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>Rural-Washington Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda</u> b. (Middle) <u>F.</u> c. (Last) <u>Oliver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/11/1864</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Fairmont Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>

13a. FATHER'S NAME <u>James C. Shumate</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen F. Baskett</u>	14. NAME OF HUSBAND OR WIFE <u>J. W. Oliver</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daniel W. Dow</u> ADDRESS <u>Williamstown 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 Feb 7, 1949, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. P. B. Todd D.O. 23b. ADDRESS Williamstown Mo 23c. DATE SIGNED 2/9/1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/10/49 24c. NAME OF CEMETERY OR CREMATORY Liberty Church Cent. 24d. LOCATION (City, town, or county) (State) Williamstown Mo

DATE REC'D BY LOCAL REG. 2/11-49 REGISTRAR'S SIGNATURE [Signature] 61 FUNERAL DIRECTOR'S SIGNATURE James A. Calderwood ADDRESS Mo

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

23
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RECEIVED

District Health Officer No. 10

District File Number 2-49-275

Date Filed FEB 14 1949

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 James A. Coker.....

Licensed Embalmer No. 2537

P. O. Address Louisiana, 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.