

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1624

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - MINERAL TWP		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural MINERAL TWP.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Oronogo Rt. # 1				d. STREET ADDRESS (If rural, give location) 6 miles north of Webb City			
3. NAME OF DECEASED (Type or Print) Tomm Campbell Oliver			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 1949	
5. SEX Male 0		6. COLOR & RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Sept 29 - 1939	
9. AGE (In years last birthday) 9		IF UNDER 1 YEAR Months 3 Days 16		IF UNDER 24 HRS. Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oronogo, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Everitt Oliver			13b. MOTHER'S MAIDEN NAME Bessie Potts			14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME ADDRESS Everitt Oliver, Oronogo Mo. Rt. #1			
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) <u>GUNSHOT WOUND, SEVERE, LEFT UPPER CHEST - INVOLVING UPPER LEFT (LOBE) LUNG AND AXILLARY VESSELS</u> 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. (DID NOT ATTEND ABOVE)					INTERVAL BETWEEN ONSET AND DEATH LESS THAN 15 MIN.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oronogo Jasper Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 15 1949 3:45 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental shot gun blast 49			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Walter Earl Paul Elder</i>				23b. ADDRESS Green Hill Road Elder, Jasper Mo.		23c. DATE SIGNED 1-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 49	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery		24d. LOCATION (City, town, or county) (State) 7 Miles N. of Oronogo, Mo.		
DATE REC'D BY LOCAL REG. JAN 18, 1949		REGISTRAR'S SIGNATURE <i>Walter Earl Paul Elder</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnice-Simpson Webb City, Mo.			

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

49
0
0

49-1-46

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.

Signed _____

Harvey E. Arnes

Signed.....

Student Embalmer

Licensed Embalmer No. *4463*

P. O. Address *Webb City, Missouri*

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.