

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11415

FILED APR 26 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 60

1. PLACE OF DEATH  
a. COUNTY ANDRAIN  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO c. LENGTH OF STAY (in this place) 1 2 hrs  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY ANDRAIN  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WANDALIA  
d. STREET ADDRESS (If rural, give locality) HAIG ST

3. NAME OF DECEASED (Type or Print)  
a. (First) OLLIE b. (Middle) BELLE c. (Last) ARCHER  
4. DATE OF DEATH (Month) (Day) (Year) April 19 1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH FEB 1 1892 9. AGE (In years last birthday) 57 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 11. BIRTHPLACE (State or foreign country) Lincoln Co Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME GEORGE L SHEAROR 13b. MOTHER'S MAIDEN NAME ELIZABETH VEATOR 14. NAME OF HUSBAND OR WIFE COLEMAN T ARCHER

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 Calvin F Archer ADDRESS Vandalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
ANTECEDENT CAUSES (b) Diabetic Mellitus  
DUE TO (c) 260X  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 hours  
18 yrs

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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 NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from March 19, 1949 to April 19, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. L. Garcia M.D. (Degree or Title) 23b. ADDRESS Mexico Mo 23c. DATE SIGNED Apr 21 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr 21 1949 24c. NAME OF CEMETERY OR CREMATORY CENTRAL GROVE 24d. LOCATION (City, town, or county) (State) WARREN Co Mo

DATE REC'D BY LOCAL REG. Apr 21-1949 REGISTRAR'S SIGNATURE Blanche Neely 25. FUNERAL DIRECTOR'S SIGNATURE H.S. Waters ADDRESS Vandalia Mo

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

4  
2

MAY 5 1949

RECEIVED

District Health Officer No.

District File Number 4-69-2

Date Filed APR 25 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.

Signed Wm B. Gates

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.