

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16065

State File No. ....

Registrar's No. 1862

BIRTH NO. ....		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1862	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		Ray 89 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp.				d. STREET ADDRESS (If rural, give location) R. F. D. # 1			
3. NAME OF DECEASED (Type or Print) Lucy		a. (First)		b. (Middle) Lee		c. (Last) Oliphant	
4. DATE OF DEATH April 28, 1949		4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 2, 1889	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ray County Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James H. Haynes		13b. MOTHER'S MAIDEN NAME Sophia Mc Christian		14. NAME OF HUSBAND OR WIFE Ralph Oliphant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Schwensen Richmond, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis. DUE TO (c) Post-Operative State. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4-22-49		19b. MAJOR FINDINGS OF OPERATION Cholecystitis - Stones. 584X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	
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 4-17, 1949, to 4-28, 1949, that I last saw the deceased alive on 4-27, 1949, and that death occurred at 5:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE E. A. Wilkinson (Degree or title) E. A. Wilkinson, M.D.				23b. ADDRESS 1332 Professional Bldg.		23c. DATE SIGNED 4-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-28-49		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope		24d. LOCATION (City, town, or county) (State) Richmond, Mo.	
DATE REC'D BY LOCAL REG. 4-28-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Carter Richmond			

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

**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.....  
Student Embalmer

Signed

*Thomas J. Carter*

Licensed Embalmer No.

*4474*

P. O. Address

*Richmond, 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.