

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26308

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>Callaway Cole Sandheim</i>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY OR TOWN <i>Wainwright</i>		c. CITY OR TOWN <i>Wainwright</i>	
c. LENGTH OF STAY (in this place) <i>20 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>1-Block east of town</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1-Block east of town</i>			
3. NAME OF DECEASED a. (First) <i>Benjamin F.</i> b. (Middle) <i>Oliver</i> c. (Last) <i>Oliver</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>August 31, 1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Apr. 14, 1860</i>
9. AGE (in years) (last birthday) <i>89</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	11. BIRTHPLACE (state or foreign country) <i>Callaway County, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>B. F. Oliver</i>	13b. MOTHER'S MAIDEN NAME <i>Amanda Ewen</i>	14. NAME OF HUSBAND OR WIFE <i>Carrie Oliver</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ray Oliver - Wainwright, Mo.</i> ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Nephritis chronic</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Decompensated Heart</i>	
19a. DATE OF OPERATION		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)	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 <i>January 10, 1949</i> , to <i>Aug 31, 1949</i> , that I last saw the deceased alive on <i>31st Aug 1949</i> , and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. P. Bruce M.D.</i> (Degree or title)		23b. ADDRESS <i>734 Madison Jefferson City Mo. 9/1/49</i>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Sept 2, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Wainwright</i>	24d. LOCATION (City, town, or county) (State) <i>Wainwright Mo</i>
DATE REC'D BY LOCAL REG. <i>Sept. 6-49</i>	REGISTRAR'S SIGNATURE <i>Leroy Clapp</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>James Smith - 708 Jefferson</i> ADDRESS	

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

14000

RECEIVED SEP 10 1949
District Health Officer No. 9,
District File Number-----

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



Licensed Embalmer No. 3641

P. O. Address -----

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.