

10.300-4  
10.48

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34662

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5936 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <i>Iowa</i> b. COUNTY <i>Marshall</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural 3 mi. N. of</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Marshalltown 399</i>	
c. LENGTH OF STAY (If this place) <i>5 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>1410 West State St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>OLIVER CASE</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>OLIVER</i> b. (Middle) <i>B</i> c. (Last) <i>CASE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 4 1949</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Aug 13-1898</i>	9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>21</i>	IF UNDER 1 HR. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired mail carrier</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Deater Co, Indiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
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13a. FATHER'S NAME <i>Robt G Case</i>	13b. MOTHER'S MAIDEN NAME <i>Louisa Glidewell</i>	14. NAME OF HUSBAND OR WIFE <i>William M Webster Dorr</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Earle Niederbrand</i>	ADDRESS <i>1341</i>
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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) <i>Coronary Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension, Smiling</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>1341</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *9/10/49* to *10/4/49*, 19\_\_\_, that I last saw the deceased alive on *10/2/49*, 19\_\_\_, and that death occurred *10/4/49* at *10* a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Stoltman MD</i>	(Degree or title)	23b. ADDRESS <i>Stoltman MD</i>	23c. DATE SIGNED <i>10/3/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 7-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Marion Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Marshalltown Marshall Iowa</i>
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DATE REC'D BY LOCAL REG. <i>Oct. 10. 1949</i>	REGISTRAR'S SIGNATURE <i>Betty Yeager</i>	251	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. F. Neumeier</i>	ADDRESS <i>Smithton MO</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 17

District Health Officer No. 8,

District File Number -----

Date Filed 10-17-49

NOV 3 1949

JUL 11 1950

NOV 8

JUN 4 1950  
SEP 19 1950  
OCT 23 1950

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 A. F. Neumann

Licensed Embalmer No. 3912

P. O. Address Smithton 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.