

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40608  
State File No.

26  
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REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Jefferson City</u> ) c. LENGTH OF STAY (in this place) <u>6wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1028 Oak St.</u>		d. STREET ADDRESS (If rural, give location) <u>1028 Oak St.</u>	
3. NAME OF DECEASED a. (First) <u>Mary May</u> b. (Middle) <u>Oliver</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 18 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>9</u> IF UNDER 12 HRS. Days <u>8</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Golden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Hilton</u>		13b. MOTHER'S MAIDEN NAME <u>Nancey Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Elsworth Oliver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hubert F. Oliver</u>		ADDRESS <u>Jefferson City, Mo</u>	
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>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Carcinoma</u> DUE TO (c) <u>Gastric Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) (Minute)		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 <u>Jan 1948</u> to <u>Dec 26, 1949</u> that I last saw the deceased alive on <u>Dec 24, 1949</u> , and that death occurred at <u>8:08</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. M. Harvey MD</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo</u>	
23c. DATE SIGNED <u>12/27/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cassville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 27-1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris M. D. N. R. O</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Vita Buscher</u>		ADDRESS <u>Jefferson City Mo</u>	

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

District File Number

District Health Officer No. 9

RECEIVED JAN 5 1950

MAR 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. 315

working under my personal supervision.

Signed Bill Brunson Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.