No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1950

State File No. 15545

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6099 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen City Mo, (Rural) Prairie T.W.P.
c. LENGTH OF STAY (in this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Queencity Prairie T.W.P.
d. STREET ADDRESS (If rural, give location): North West Of Town

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Oliver
c. (Last):

4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Apr. 1 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Near Queencity Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Olliver
13b. MOTHER'S MAIDEN NAME: Sarah Minear
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Norman Oliver — ADDRESS: Queen City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock from 3rd degree burns — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____ — 9 9 1 6 1
DUE TO (c): _____ — 3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Myocardial degeneration 098

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm - Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Prairie Twp. Schuyler Mo
21d. TIME OF INJURY (Month) 4 (Day) 21 (Year) 50 (Hour) 4:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Burning trash

22. *I hereby certify that I attended the deceased from* Apr 11, 1949, *to* Apr 14, 1950, *that I last saw the deceased alive on* Apr 14, 1950, *and that death occurred at* 11:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R D Bradley DO
23b. ADDRESS: Queen City Mo
23c. DATE SIGNED: 4-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 26 1950
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24d. LOCATION (City, town, or county) (State): North Of Livonia Mo.

DATE REC'D BY LOCAL REG.: Apr 26, 50
REGISTRAR'S SIGNATURE: Mrs. A. J. Drake 353
25. FUNERAL DIRECTOR'S SIGNATURE: Wm N West — ADDRESS: Queencity Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 1 1950
District Health Officer No. 1
District File Number
Date Filed

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 Wm H West

Licensed Embalmer No. 2882

P. O. Address Greenville Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.