

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26361

State File No. ....

FILED SEP 7 1950

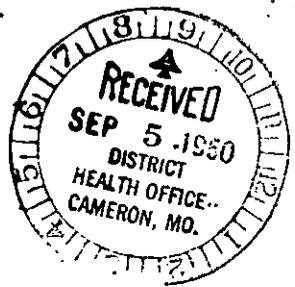
10.48

340

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>5287</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fishing River Twp.</u>		c. LENGTH OF STAY (In this place) -----		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>		0241	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hi-way 69, 4 mi. W. Ex. Sprgs. c/o Burlington Round House</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAZEL</u> b. (Middle) <u>VERLEE</u> c. (Last) <u>OLIVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 11, 1911</u>	
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unk.</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Oliver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-30-4414</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Reba Taylor, c/o Burl. Roundhouse N. K. C., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Crushed Chest and Head injuries</u>  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest and Head injuries</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto trauma</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  8163							INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>glo</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-way 69</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Excelsior Springs, Clay, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/15/50 P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. D. Coroner</u>			23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>8/21/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/21/50</u>		REGISTRAR'S SIGNATURE <u>Barclay Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Claude Richard, Ex. Springs Mo.</u>			

OCT 11 1950



SEP 12 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 Lindee K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.