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FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39740

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 227

1. PLACE OF DEATH
a. COUNTY Audrain County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mexico, Missouri
c. LENGTH OF STAY (in this place) 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Audrain County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vandalia, Missouri 0041 D
d. STREET ADDRESS (If rural, give location)

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

4. DATE OF DEATH (Month) (Day) (Year) December 21, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH 4-6-1872

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 8 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Farmhome

11. BIRTHPLACE (State or foreign country) Warren County, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Garrett

13b. MOTHER'S MAIDEN NAME —

14. NAME OF HUSBAND OR WIFE John Coleman Oliver

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. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Lewellen, daughter — ADDRESS Vandalia 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) Perforating abdominal abscess

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Ruptured diverticulum

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 5721

19a. DATE OF OPERATION 12/9/50

19b. MAJOR FINDINGS OF OPERATION Generalized abdominal abscess.

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1950, *to* Dec 21, 1950, *that I last saw the deceased alive on* Dec 21, 1950, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Frank Jolley D

23b. ADDRESS Mexico Mo

23c. DATE SIGNED 12/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 23, 1950

24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery

24d. LOCATION (City, town, or county) (State) Vandalia, Missouri

DATE REC'D BY LOCAL REG. Dec 23 1950

REGISTRAR'S SIGNATURE Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE W. S. Waters — ADDRESS Vandalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1951
Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 1-51-15
Date Filed:
JAN 10 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William B. Waters

Signed.....
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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.