

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1951

State File No. 16254
Registrar's No. 1

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5464</u>		State File No. <u>16254</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>							
b. CITY OR TOWN <u>Rural-Murray Twp.</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>Rural-Murray Twp.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Willard R #1</u>				d. STREET ADDRESS (If rural, give location) <u>Willard R #1 0374</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>HENRY</u>			c. (Last) <u>OLINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 3, 1869</u>		9. AGE (In years) (last birthday) <u>81</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>TENN</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jake Olinger</u>				13b. MOTHER'S MAIDEN NAME <u>unk.</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Olinger (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ruby Innam, Willard R #1 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Embolism</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>								20. 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) (Min)		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>March 15, 1951</u> , to <u>May</u> , 1951, that I last saw the deceased alive on <u>May 11</u> , 1951, and that death occurred at <u>2:15a.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>A. H. Stang, D.D. V</u> (Degree or title)				23b. ADDRESS <u>Ash Grove, Mo.</u>				23c. DATE SIGNED <u>5/14/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Greene Co. Mo</u>				
DATE REC'D BY LOCAL REG. <u>5/16/51</u>		REGISTRAR'S SIGNATURE <u>Greene B. Wilson</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Brim Funeral Service</u>			ADDRESS <u>Ash Grove Mo.</u>			

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

RECEIVED

Greene County Health Office,

County File Number 51-5-30

Date Filed 5-21-51

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 *William R. White*.....

Licensed Embalmer No. 4005.....

P. O. Address *Chap. 1st St. W. M.*.....

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.