

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19122

State File No.

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u> <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L</u>		d. STREET ADDRESS (If rural, give location) <u>L</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>UNITY</u> b. (Middle) <u>BERLE</u> c. (Last) <u>OLIVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11, 1951</u>		
5. SEX <u>F</u> <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC 9, 1865</u>		9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR Months <u>5</u> Days <u>2</u> if UNDER 12 Hrs. Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</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>L</u>		11. BIRTHPLACE (State or foreign country) <u>SCHUYLER CO MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEO. W. WATKINS</u>		13b. MOTHER'S MAIDEN NAME <u>TABITHA SEARCY</u>		14. NAME OF HUSBAND OR WIFE <u>W.L. 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)		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.L. Oliver Lancaster, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis since Oct 17, 1948</u> DUE TO (c) <u>Fracture of neck of femur which did not unite</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>098</u> <u>6962 X</u>
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19a. DATE OF OPERATION <u>Oct. 20, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Senile osteoporosis of femur making impossible to unite the bones</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lancaster, Schuyler, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 17, 1948</u> m. <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in her home</u>	

22. I hereby certify that I attended the deceased from Oct 17, 1948, to May 11, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eda M. Norton, M.H.</u>		23b. ADDRESS <u>Lancaster, Mo</u>		23c. DATE SIGNED <u>May 11, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 13, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ARNI MEMORIAL</u>	
24d. LOCATION (City, town, or county) (State) <u>LANCASTER, MO</u>					

DATE REC'D BY LOCAL REG. <u>May 12-51</u>		REGISTRAR'S SIGNATURE <u>Caro A. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lucretia O. Head Lancaster Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1986
1

MAY 16 1951

MAY 25 1951

Date Received: MAY 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-92
Date Filed: MAY 17 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.....
Student Embalmer

Signed Lucretia R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.