

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22585

State File No.

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

0340
1

BIRTH NO. <u>1</u>		REG. DIST. NO. <u>1A1</u>	PRIMARY REG. DIST. NO. <u>5403</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Douglas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Superior</u>		c. LENGTH OF STAY (In this place) <u>67 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>5 mi south of Cabool Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIVER</u>		b. (Middle) <u>LEE</u>	c. (Last) <u>CANTERBURY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 7-1881</u>	9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Days if UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Vernon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DAY CARTERBURY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MALONE</u>	14. NAME OF HUSBAND OR WIFE <u>Ward</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>REX Carterbury mtn Grove 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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> 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 <u>72 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>332x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>July 4, 1951</u> , to <u>July 5, 1951</u> , that I last saw the deceased alive on <u>July 5, 1951</u> , and that death occurred at <u>1:30 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Harrett Ross Jones</u>		23b. ADDRESS <u>Cabool Mo.</u>	23c. DATE SIGNED <u>July 7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool Texas Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-27-51</u>		REGISTRAR'S SIGNATURE <u>Vestal Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rayford W. Elliott Cabool Mo</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUL 16 1957

Dist. File 257-1372

Date Filed 7-18-57

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 James L. Gentry
Licensed Embalmer No. 4718

P. O. Address Calool, 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.