

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32848

State File No. _____
Registrar's No. 85

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson, R. 1 Shawnee
c. LENGTH OF STAY (In this place) 67 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 miles East Fruitland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Cape Gir.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shawnee
d. STREET ADDRESS (If rural, give location) 3 miles East Fruitland

3. NAME OF DECEASED
a. (First) John b. (Middle) Byrd c. (Last) Oliver

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 23, 1951

5. SEX Male 6. COLOR OR RACE White

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

8. DATE OF BIRTH June 17, 1884

9. AGE (In years last birthday) 67
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 6 WKS.: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY
Own Farm

11. BIRTHPLACE (State or foreign country)
Jackson, Mo.

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

13a. FATHER'S NAME
R.B. Oliver

13b. MOTHER'S MAIDEN NAME
Marie Watkins

14. NAME OF HUSBAND OR WIFE
Mabel Shelton Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mabel Shelton Oliver Jackson R 1

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease
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
17 days
Unknown

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 6 Oct, 1951, to 23 Oct, 1951, that I last saw the deceased alive on 17 Oct, 1951, and that death occurred at 6:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE Hugh V. Adley, Jr. M.D.

23b. ADDRESS Cape Girardeau, Mo.

23c. DATE SIGNED 23 Oct 51

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

24b. DATE Oct. 24, 1951

24c. NAME OF CEMETERY OR CREMATORY Lorimier

24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.

DATE REC'D BY LOCAL REG. Oct 29 1951

REGISTRAR'S SIGNATURE D. S. Seibus

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J.C. Crawford Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0160
1

RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 22 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *J. C. Crawford*

Signed.....
Student Embalmer

Licensed Embalmer No. *41327*

P. O. Address *Rockton, 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.