

No. 300
10. 48

36749

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 318

264

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>417 Lafayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 Lafayette</u>			

3. NAME OF DECEASED (Type or Print) <u>SARAH A OLIVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>3</u>	6. COLOR OR RACE <u>Female Negro</u>	7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 12 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR	IF UNDER 10 HRS.
				Months <u>6</u>	Days <u>24</u>	Hours <u></u> Min. <u></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>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia (London Co.)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Alfred Hoot</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edward C. Oliver</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Busby</u>	ADDRESS <u>417 Lafayette</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral regurgitation (disc valve)</u>		<u>7-12-51</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic kidney</u> DUE TO (c) <u>arteriosclerosis</u>		<u>11 11 11</u> <u>11 11 11</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia + Debility</u>		<u>11 11 11</u>	

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Cole Mo.</u>
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? <u>4 of 2 X</u>

22. I hereby certify that I attended the deceased from 9-13-, 1951, to 12-5-, 1951, that I last saw the deceased alive on 12-5-, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Richardson M.D.</u>	23b. ADDRESS <u>421 Lafayette, Jefferson City, Mo.</u>	23c. DATE SIGNED <u>12-6-51</u>
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24a. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>	24b. DATE <u>Nov. 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountclair</u>	24d. LOCATION (City, town, or county) (State) <u>New Jay</u>
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DATE REC'D BY LOCAL REG. <u>Dec 6-1951</u>	REGISTRAR'S SIGNATURE <u>A.G. Norris M.D.-M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lemon Lane</u>	ADDRESS <u>7 Jefferson</u>
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RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Raymond M. Masten

Licensed Embalmer No. 4150

P. O. Address Spencer City, 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.