

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41226

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1737 Registrar's No. 46

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Meramec-Sullivan c. LENGTH OF STAY (In this place) 5 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richwoods	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller's Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Jasper	c. (Last) Oliver	4. DATE OF DEATH (Month) (Day) (Year)
				12 21 51

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-6-80	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 15	IF UNDER 1 HR. Hours 	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Oliver	13b. MOTHER'S MAIDEN NAME Marie Maness	14. NAME OF HUSBAND OR WIFE Annie Oliver
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ivy Oliver ADDRESS Richwoods, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs fever
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-26, 1951, to 12-19, 1951, that I last saw the deceased alive on 12-21, 1951, and that death occurred at p.m., from the causes and on the date stated above.

23a. SIGNATURE E. A. ... Sullivan (Degree or title)	23b. ADDRESS Richwoods, Mo	23c. DATE SIGNED 12-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-51	24c. NAME OF CEMETERY OR CREMATORY Providence	24d. LOCATION (City, town, or county) (State) Richwoods, Mo.
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DATE REC'D BY LOCAL REG. 12-22-51	REGISTRAR'S SIGNATURE E. A. ...	25. FUNERAL DIRECTOR'S SIGNATURE Casper Fenot ADDRESS St. Clair, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 27 1951

RECEIVED

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 K. M. Leno

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.