S. No. 300
ev. 10.48

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13463
State File No.

0540

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waverly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waverly, 0540
d. STREET ADDRESS (If rural, give location) N/S Commercial. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Benjamin
b. (Middle) G.
c. (Last) Oliver (Sr.)

4. DATE OF DEATH (Month) (Day) (Year) April, 12th. 1952.

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH 3-30-1868
9. AGE (In years last birthday) 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Farming.
11. BIRTHPLACE (State or foreign country) Rural Mo Middleton T. Lafayette Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John L. Oliver.
13b. MOTHER'S MAIDEN NAME Anna Virginia Marshall.
14. NAME OF HUSBAND OR WIFE Nora B. Oliver.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Charles E. Burgess, **ADDRESS** Warrensburg, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 44 2X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Jan 6, 1946 *to* Apr. 12, 1952, *that I last saw the deceased alive on* Apr 11, 1952, *and that death occurred at* 7.45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Douglas Kelling M.D. **(Degree or title)** 0
23b. ADDRESS Waverly Mo.
23c. DATE SIGNED 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 4-14-1952
24c. NAME OF CEMETERY OR CREMATORY City Cem.
24d. LOCATION (City, town, or county) (State) Waverly Mo.

DATE REC'D BY LOCAL REG. April 12-1952
REGISTRAR'S SIGNATURE Clayton N. Landrum 154 0
25. FUNERAL DIRECTOR'S SIGNATURE R M Marshall **ADDRESS** Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 P. M. Marshall

Signed.....
Student Embalmer

Licensed Embalmer No. 2525

P. O. Address Carrollton

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.