

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16683

State File No.

BIRTH NO. 36416 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2393

1. PLACE OF DEATH a. COUNTY <u>Jackson 0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte 1150</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place township) <u>3 1/2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2800 Roe Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Oliver</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 24 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby 0</u>	8. DATE OF BIRTH <u>5-24-52</u>	9. AGE (In years last birthday) <u>3 31</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Bruce Oliver</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Nadine Baxter</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. -----	17. INFORMANT'S SIGNATURE OR NAME <u>William B. Oliver</u>	ADDRESS <u>2800 Roe Lane K.C., Ka.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Miscarriage</u>		
	DUE TO (c) <u>Early Rupture of the Amnion (Spontaneous)</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>7/15</u>

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) (m.)	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~~ on 5-24, 1952, to 5-24, 1952, that I last saw the deceased alive on 5-24, 1952, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Glen Bradburn</u>	(Degree or title)	23b. ADDRESS <u>Bonnie Springs, Kan.</u>	23c. DATE SIGNED <u>5-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>SPIRO OKLA.</u>
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DATE REC'D BY LOCAL REG. <u>5-26-52</u>	REGISTRAR'S SIGNATURE <u>Beraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u>	ADDRESS <u>K.C., Mo</u>
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(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 ^{not} _____

working under my personal supervision. Student Embalmer No. _____

Student _____ Signed *Leonard Pasantius*
Student Embalmer _____

Licensed Embalmer No. *4554*

P. O. Address *Ke, 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.