

No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43089**

DEC 23 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Platte County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Outside Parkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Park</u>	
c. LENGTH OF STAY (in this place) <u>1 minute</u>		d. STREET ADDRESS (If rural, give location) <u>6401 West 81st Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy #45, 3 mi. No. of Parkville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAJOR MAIMIE</u> b. (Middle) <u>OLIVER</u> c. (Last) <u>LINDSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 29, 1915</u>		9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Officer - U.S. Air Force</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Victor J. Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie -</u>		14. NAME OF HUSBAND OR WIFE <u>Robert L. Lindsey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes, 1942 to 12-17-52</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>O. Pk. K. M/Sgt. Robert L. Lindsey, 6401 W. 81st Terr.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Defenses</u>				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) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>083</u> (COUNTY) _____ (STATE) _____			
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?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Tom H. Hullett</u> (Degree or title) <u>coroner</u>		23b. ADDRESS <u>Platte City Mo</u>		23c. DATE SIGNED <u>12/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willamette Nat'l. Cem.</u>	
		24d. LOCATION (City, town, or county) (State) <u>Portland, Oregon</u>			

DATE REC'D BY LOCAL REG. <u>12-19-1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u>	
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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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address W. C. 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.