

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 355

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nishnabotna 0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 1/2 So. 6		d. STREET ADDRESS (If rural, give location) Route # 1	

3. NAME OF DECEASED (Type or Print) a. (First) Violet	b. (Middle) Marie	c. (Last) Oliver	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1953
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5. SEX / F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 3, 1909	9. AGE (In years last birthday) 43	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Grand River, Iowa /	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Laundry Employee	11. BIRTHPLACE (City and State or Foreign Country) Grand River, Iowa /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lonzo Bettinger	13b. MOTHER'S MAIDEN NAME Pearl Hawk	14. NAME OF HUSBAND OR WIFE Donald Oliver
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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) no	16. SOCIAL SECURITY NO. 567-24-0616	17. INFORMANT'S SIGNATURE OR NAME Pearl Lane	ADDRESS Nishnabotna 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Double Lobar		INTERVAL BETWEEN ONSET AND DEATH 3 days
	DUE TO (b) Pneumonia, 490X		
	DUE TO (c) Woman doctored herself in her room, for a cold for three days. She collapsed		
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 While friends were attempting to load her into a car, and was dead on arrival at	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) The Missouri Methodist Hospital
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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 viewed on Jan 1/25, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. (Coroner)	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 1/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 30/53	24c. NAME OF CEMETERY OR CREMATORY Irish Grove	24d. LOCATION (City, town, or county) (State) Nishnabotna, Mo.
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DATE REC'D BY LOCAL REG. Feb 4, 1953	REGISTRAR'S SIGNATURE Carl C. Casey	25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry	ADDRESS 31 Joseph
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 4212

P. O. Address 37 Joseph 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.