

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1093

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 58-A	
1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN SPRINGFIELD c. LENGTH OF STAY (in this place) 6 mos. d. FULL NAME OF HOSPITAL OR INSTITUTION 1614 BENTON BLVD				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNK c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WALNUT GROVE 0840 d. STREET ADDRESS (If rural, give location) R. R. 1			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) BENTON c. (Last) OLINGER			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 18-1953				
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH DEC 8-1878		9. AGE (to years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	11. BIRTHPLACE (State or foreign country) Walnut Grove - Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) Walnut Grove - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Olinger		13b. MOTHER'S MAIDEN NAME Virginia (Unknown)		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Bell Mc Donald Aldrich - Mo.		ADDRESS no	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, generalized</u> INTERVAL BETWEEN ONSET AND DEATH <u>Did quickly 1-18/53 - probably</u> ANTECEDENT CAUSES <u>Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>accidental -</u> DUE TO (c) <u>Cerebral or coronary</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Capacitance of ascending aorta - resected about</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4 yr. ago		20. AUTOPSY? 4201 H		YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>about 1946</u> , to <u>summer, 1952</u> , that I last saw the deceased alive on <u>Summer, 1952</u> , and that death occurred at <u>only 8 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ann Callaway</u>			23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>1/19/53</u>		
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan - 18 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eudora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dunk County Mo.</u>		
DATE REC'D BY LOCAL REG. 1-26-53		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reginald Brim</u>		ADDRESS <u>Dunk Walnut Grove - Mo.</u>	

(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
Student Embalmer

Student Embalmer No. _____

Signed

Loyce Samuel

Licensed Embalmer No. 7702

P. O. Address Del Bross - Md

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 must be so stated above.