

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8405

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6106 Registrar's No. 12

0990
1

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

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rutledge Sandhill 2 5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rutledge Sandhill Twp. Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (First) (Middle) (Last) <u>PEARL M OLIVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 17 1890</u>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>John S. See</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F. Deye</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Oliver</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Oliver Rutledge Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Not present at time of death.</u>
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 conditions causing death. <u>Metastasis in lung & med.</u>		DUE TO (c) <u>170X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Lymph glands.</u>			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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb. 18, 1953, to Feb. 26, 1953, that I last saw the deceased alive on Feb. 26, 1953, and that death occurred at 2:00 p.m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. Dennis, D.O.</u>		23b. ADDRESS <u>Baring, Mo.</u>		23c. DATE SIGNED <u>3/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 11 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Etna Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Scotland Co Mo</u>		25. FINER'S DIRECTOR'S SIGNATURE <u>Verla H. Turner</u>		25. ADDRESS <u>476-0 Ruth Baskett Memphis Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/7/53</u>		REGISTRAR'S SIGNATURE			

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 Albert C. Genth

Licensed Embalmer No. 4257

P. O. Address Memphis TN

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.