

7. S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10431

State File No.

0542
ED MAR 21 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lefington</u>		c. CITY OR TOWN <u>Lefington</u> <u>0542</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>148 N. 11 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>H.</u> c. (Last) <u>OLIVER</u>			4. DATE OF DEATH <u>March 13, 1953</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wsp</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 16, 1897</u>		9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>3</u> DAYS <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Porter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Oliver</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Hazel Oliver</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-05-0429</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Oliver</u> ADDRESS <u>Lefington, Mo. 148 N. 11 St.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Congestive Failure</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u>	
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 <u>4200</u>				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)	
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 Sept, 1948, to 13 March, 1953, that I last saw the deceased alive on 13 March, 1953, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Edwards</u>		23b. ADDRESS <u>Lefington Mo</u>		23c. DATE SIGNED <u>13 March 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>		24d. LOCATION (City, town, or county) (State) <u>Lefington Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-20-53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Lachman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Green</u> ADDRESS <u>Shubell Ave</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1958

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

James N. Green

Licensed Embalmer No. 4220

P. O. Address

Newhall, 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.