

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10811

State File No. _____

APR 1 1953
 BIRTH NO. 16781 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Kimberly</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution) a. STATE <u>MO</u> b. COUNTY <u>Kimberly</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayth</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 N. Cedar St</u>		d. STREET ADDRESS (If rural, give location) <u>205 N. Cedar</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) <u>Oliver</u>	
c. (Last) <u>Oliver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 25 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cal.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>3-25-1953</u>
9. AGE (In years last birthday) <u>2</u>		10. # UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Miles Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Leuis Oliver</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>MO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leuis Oliver</u>		ADDRESS <u>Hayth - 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>Congenital atelectasis lungs</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>7625</u>	
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)	
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>March 25, 1953</u> , to <u>March 25, 1953</u> , that I last saw the deceased alive on <u>March 25, 1953</u> and that death occurred at <u>11 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank</u>		23b. ADDRESS <u>mid. Care + her sick</u>	
23c. DATE SIGNED <u>25 Mar 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) <u>Hayth - MO</u>	
DATE REC'D BY LOCAL REG. <u>3-27-53</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>	
406		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank</u>	
ADDRESS _____		ADDRESS <u>Hayth - MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3-102-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 30 1953

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. *Not Embalmed* Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.