

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38017**

FILED NOV 2 - 1953

BIRTH NO.		REG. DIST. NO. <b>337</b>	PRIMARY REG. DIST. NO. <b>4499</b>	Registrar's No. <b>88</b>
1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina, Mo.</b>		c. LENGTH OF STAY (In this place) <b>11 Yrs.</b>	c. CITY OR TOWN <b>Shelbina, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hiram</b>		b. (Middle) <b>Oscar</b>	c. (Last) <b>Olbert</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10-22-1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-22-1879</b>	9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR: Months <b>10</b> Days <b>29</b> IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wm. M. Olbert</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Francis White</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Vinnie Olbert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Vinnie Olbert Shelbina, Mo.</b>	
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) <b>Broken Neck</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hanging by the Neck</b> DUE TO (c) <b>Prequest deemed unnecessary</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E974X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Shelbina Shelby Missouri</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-21-53 3:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hanged self by the Neck</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Paul Musgrave Coroner</b>		23b. ADDRESS <b>Bethel, Missouri</b>	23c. DATE SIGNED <b>10/22/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-23-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina I.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-30-53</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barkelaw &amp; Hawkins Shelbina, Mo.</b>		

(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 ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *James D. Davis* .....

Licensed Embalmer No. *449* .....

P. O. Address *Shelton,* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.