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FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29133**

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7526**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7526			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis,		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 5204a Lillian Ave.				e. STREET ADDRESS (If rural, give location) 5204a Lillian				2079	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) _____		c. (Last) Oliver		4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1954.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 7, 1879	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) Williams on County, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Will Osburn			13b. MOTHER'S MAIDEN NAME Parlee Stroud			14. NAME OF HUSBAND OR WIFE Frank Oliver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Davis, 5204a Lillian,			
				ADDRESS			

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) CARDIAC ARREST				INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEART BLOCK				3 weeks	
		DUE TO (c) ARTERIOsclerotic Heart & 8 year					
		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"/>	

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) 4200	
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 **June, 1947**, to **Aug 11, 1954**, that I last saw the deceased alive on **9 Aug, 1954** and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Richard C. ...		(Degree or title) _____		23b. ADDRESS 4007 W. ...		23c. DATE SIGNED Aug 14 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-13-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Pk Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
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DATE REC'D BY LOCAL REG. AUG 14 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	
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E.P. (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 *John J. Haines*.....
Licensed Embalmer No. *7110*.....
P. O. Address *H. Haines*.....

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.