

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4794**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs.		e. STREET ADDRESS (If rural, give location) 2438 Garfield, 3348	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) OLIVER c. (Last) OLIVER			4. DATE OF DEATH (Month) (Day) (Year) October 10 1954
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 12-21-09
9. AGE (In years last birthday) 45 44		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Army Man	10b. KIND OF BUSINESS OR INDUSTRY U. S. Army
11. BIRTHPLACE (City and State or Foreign Country) Belcher, Louisiana		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Olive r	13b. MOTHER'S MAIDEN NAME Elsie Pollard	14. NAME OF HUSBAND OR WIFE Clara Oliver
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 154-22-6253	17. INFORMANT'S SIGNATURE OR NAME Official Hospital Records ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic passive congestion of lungs and liver		
	ANTECEDENT CAUSES DUE TO (b) Arteriolar nephrosclerosis DUE TO (c) Cardiac hypertrophy, hypertensive type		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442k	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 20, 19 54 to Oct 10, 19 54, that I last saw the deceased live on 10/10/54, and that death occurred at 3:07A m., from the causes and on the date stated above.

23a. SIGNATURE Frank A. Mantz, Jr., M. D. (Degree or title)	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 10-10-54
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 10/15/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas
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DATE REC'D BY LOCAL REG. 10-15-54	REGISTRAR'S SIGNATURE Walter Marshall	25. FUNERAL DIRECTOR'S SIGNATURE C. E. Daniel ADDRESS 1415 E. Truman
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 9 1959

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 *Landis H. Jackson*

Licensed Embalmer No. 483

P. O. Address *K. C. M.*

- 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.