

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42684

Registrar's No. 10613

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10613</b>			
1. PLACE OF DEATH a. COUNTY * _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY *					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (In this place) <b>DOA</b>		c. CITY OR TOWN <b>St. Louis</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>H.G. Phillips Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>2219 2349 Cole Street</b>					
3. NAME OF DECEASED (Type or Print) <b>C L I F T O N</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>O L I V E R</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 16 1954</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>3 Apr 1902</b>			
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>R.R. Section</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Aberdeen, Miss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Sam Anderson</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Oliver</b>			14. NAME OF HUSBAND OR WIFE <b>Louise Oliver</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>495 22 4616</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nellie B. Hampton, Kinloch, 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, ashenia, 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) _____				ANTECEDENT CAUSES					
DUE TO (b) <b>Lobar Pneumonia</b>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) <b>Cirrhosis of Liver</b>				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 checked="" type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>581.0</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 <b>309 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. Earl Smith, M.D.</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11/27/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>22 Nov 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>Hillsdale, Mo</b>			
DATE REC'D BY LOCAL REG. <b>NOV 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd Bros, Kinloch, Mo.</b>		ADDRESS			

(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 <sup>N O T</sup> embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No....4444

P. O. Address St..Louis..l.

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.