

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11265**

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4076 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>CAPE GIR</u> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gordonville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> 1001	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>113 DAVIDSON AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAWRENCE</u>	b. (Middle) <u>-EVANS-</u>	c. (Last) <u>OLIVER</u>	4. DATE OF DEATH	(Month) <u>MAY</u>	(Day) <u>1</u>	(Year) <u>1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 28, 1909</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE AGENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>	11. BIRTHPLACE (State or foreign country) <u>ORAN - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM L. OLIVER</u>	13b. MOTHER'S MAIDEN NAME <u>MOLLIE LLOYD</u>	14. NAME OF HUSBAND OR WIFE <u>OLIVER ALMA CATHERINE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>372-09-7029</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALMA C OLIVER</u>	ADDRESS <u>Chaffee Mo.</u>
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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) <u>Massive Head Injury</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>E8161 20</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on State Highway 25</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gordonville Cape Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) <u>May 1 55</u>	21e. INJURY OCCURRED (Hour) (Min.) <u>5:15 a.m.</u>	21f. HOW DID INJURY OCCUR? <u>This car side swiped a milk truck</u>
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		

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) <u>J. G. Sigmund, Coroner 3</u>	23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>5/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STANBROSE CATHOLIC CHAFFEE</u>	24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5/14/55</u>	REGISTRAR'S SIGNATURE <u>A. B. Suter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Schillinghoff</u>	ADDRESS <u>CHAFFEE, MO.</u>
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By David H. Suter (Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1958

MAY 28 1958

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.

..... Student Embalmer No.....

Signed.....
Lynnan Steele

Signed.....
Student Embalmer

Licensed Embalmer No. *2476*

P. O. Address.....
Jacksonville

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.