

No. 300
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FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Cartersville		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Cartersville
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 Pearl St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location) 200 Pearl St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Otto	b. (Middle) J.	c. (Last) Oliver	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1904	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HRS. Hours 8 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Carthage Marble Co.	10b. KIND OF BUSINESS OR INDUSTRY Marble Co.	11. BIRTHPLACE (City and State or Foreign Country) Cartersville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mason Oliver	13b. MOTHER'S MAIDEN NAME Vitile Jackson	14. NAME OF HUSBAND OR WIFE Fay E. 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) No	16. SOCIAL SECURITY NO. 490-10-0717	17. INFORMANT'S SIGNATURE OR NAME Fay E. Oliver	ADDRESS 200 Pearl St. Cartersville, Mo.
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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 Less than 5 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound forehead (7x22)		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Peep ruptured		
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 E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CARTERSVILLE JASPER MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-10-55 7:40 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? PUT Muzzle of 22 cal. TU forehead AND PULLED TRIGGER
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22. I hereby certify that I attended the deceased from 7:40 AM, 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 7:40 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter C. Brown</i>	(Degree or title) Jasper Co. M.D.	23b. ADDRESS Joplin Mo	23c. DATE SIGNED May 12, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12, 55	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 5-12-55	REGISTRAR'S SIGNATURE <i>Ms. Madeline Switzer</i>	474	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
MAY 16 1958

MAR 5 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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Harvey E. Omer

Licensed Embalmer No. 45
P. O. Address Waco City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.