

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30892

State File No.

3755

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY OR TOWN <u>WAVERLY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP.</u>		e. STREET ADDRESS		(If rural, give location)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VENTLE</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>OLIVER</u>	
4. DATE OF DEATH		(Month) <u>AUG.</u>		(Day) <u>26</u>		(Year) <u>56</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED: NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 7, 1904</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>GRAND PASS MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>B.G. OLIVER</u>	
13a. FATHER'S NAME <u>ROBERT FRANK MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>MRS. PLATTNER</u>		14. NAME OF HUSBAND OR WIFE <u>B.G. OLIVER</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B.G. OLIVER JR. WAVERLY MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-20-7896</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B.G. OLIVER JR. WAVERLY MO</u>		ADDRESS <u>MO</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Acute Ulcerative colitis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				5722	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>8-26-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute ulcerative colitis, hemorrhage</u>				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)			
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 <u>8-4</u> , 19 <u>56</u> , to <u>8-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-26-56</u> , 19 <u>56</u> , and that death occurred at <u>9:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. B. Campbell</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City Mo</u>	
23c. DATE SIGNED <u>8-27-56</u>		24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 29, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WAVERLY CEMETERY WAVERLY MO.</u>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>8-27-56</u>		REGISTRAR'S SIGNATURE <u>neva marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. P. Shal</u>	
ADDRESS <u>K.C. Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
F. B. Campbell

9561 9 1 1077

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 P. Sheil

Licensed Embalmer No. 3625

P. O. Address

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.