

FILED SEP 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Reno	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		c. CITY OR TOWN Yoder 8650 8	
c. FULL NAME OF (If NOT in hospital, give location) Nevada Hospital		d. STREET ADDRESS RURAL (If outside, give location)	
3. NAME OF DECEASED (Type or print) Oliver Benjamin Showalter		4. DATE OF DEATH Sept. 15, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1889
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Banking	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank President		11. BIRTHPLACE (City and state or country) Harrisonburg, Va.	
13. FATHER'S NAME C. B. Showalter		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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. 509-09-1317	
17. INFORMANT Robert Showalter		Address Yoder, Kansas	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injury, skull fracture & scalp laceration.			INTERVAL BETWEEN ONSET AND DEATH 5 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a). Fracture left shoulder.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) It was knocked from top of Hay Project by tree limb	
20c. TIME OF INJURY 6:00 p. m. Sept 15, 56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) FARM ROAD.	
20e. CITY, TOWN, OR LOCATION WALTER		20f. COUNTY VERNON	
20g. STATE MO			
21. I attended the deceased from Sept 15 56 to Sept 15 56 and last saw me him alive on Sept 15 1956 Death occurred at 9:35 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James J. Hession MD		22b. ADDRESS Nevada, Mo.	
22c. DATE SIGNED Sept 17, 56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 17, 1956	
23c. NAME OF CEMETERY OR CREMATORY West Liberty Cemetery		23d. LOCATION (City, town, or county) (State) Conway, Kansas	
24. FUNERAL DIRECTOR Sickinger Funeral Home - Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 9-17-1956	
26. REGISTERER'S SIGNATURE Anna E. Ferry			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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SEP 27 1950

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 *Rexy F. Mikstec*
Licensed Embalmer No. *480*
P. O. Address *Nevada*

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.