

Health, Welfare, Public Service
 300-56
 Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms or signs of disease 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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **44752**

FILED FEB 6 1957

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Wayne		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lineville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lambert Hospital		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Oliver			First	Middle	Last
4. DATE OF DEATH Dec. 1, 1956			Month	Day	Year
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 July 20, 1878		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Rockhold			14. MOTHER'S MAIDEN NAME Sophia Duncan		
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. None	17. INFORMANT Harold Rockhold		Address Lineville Ia.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema					INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Acute coronary occlusion
DUE TO (c) Coronary arteriosclerosis					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Dec. 1, 1956 to Dec. 1, 1956 and last saw her ^{her} him _{him} alive on Dec. 1, 1956 Death occurred at 9:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Frank H Zehrt MD			22b. ADDRESS Princeton, Missouri		22c. DATE SIGNED 1-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1956	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) Lineville Iowa	
24. FUNERAL DIRECTOR Ames L. Greenlee		ADDRESS Lineville Iowa	25. DATE RECD. BY LOCAL REG. 1-30-57	26. REGISTRAR'S SIGNATURE Neil Mann	

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.....
James L. Green

Licensed Embalmer No. *39*

P. O. Address *Linville*

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.