

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9764

State File No.

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Charles</u> c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY OR TOWN <u>St Charles</u> 0923 d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Charles Nurse Home</u>		e. STREET ADDRESS (If rural, give location) <u>525 N. 4th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>OLIVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-16-1865</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Maryland Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Harold Oliver Reed</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Oliver</u> ADDRESS <u>St Charles 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</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) <u>4200</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from November, 1956, to March 17, 1957, that I last saw the deceased alive on March 13, 1957, and that death occurred at 8:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul W. Lother MD</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>3/18/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-20-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Haven Burial</u>	24d. LOCATION (City, town, or county) (State) <u>New Haven Mo</u>
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DATE REC'D BY LOCAL REG. <u>MAR 18-1957</u>	REGISTRAR'S SIGNATURE <u>Maree Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C W Hopkins</u> ADDRESS <u>Maryland Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

540

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 on the 20th day March 1957, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C W Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City, Md

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.