

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19939**
Registrar's No. **35**

FILED JUN 19 1957

BIRTH NO. _____		REG. DIST. NO. 2		PRIMARY REG. DIST. NO. 5017		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Savannah		c. LENGTH OF STAY (In this place) Rural Savannah		c. CITY OR TOWN Rural Savannah		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) 0 R.F.D. 2			
3. NAME OF DECEASED (Type or Print)		a. (First) MAYME		b. (Middle) Sales		c. (Last) Oliver	
4. DATE OF DEATH		(Month) 6		(Day) 11		(Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-9-1893	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Andrew Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David E. Pyle		13b. MOTHER'S MAIDEN NAME ORA MAU Breit		14. NAME OF HUSBAND OR WIFE Walter Oliver			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Oliver SAVANNAH Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adeno-Carcinoma ANTECEDENT CAUSES Primary probably Ovary DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175X				20. AUTOPSY? 2 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 4-1 , 19 57 to 6-11 , 19 57 , that I last saw the deceased alive on 6-9 , 19 57 , and that death occurred at 4:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Halley R. Halley M. D.				23b. ADDRESS Savannah, Missouri		23c. DATE SIGNED 6-12-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-19-57		24c. NAME OF CEMETERY OR CREMATORY Savannah Co. Burial Home		24d. LOCATION (City, town, or county) (State) Savannah Mo	
DATE REC'D BY LOCAL REG. 6-14-57		REGISTRAR'S SIGNATURE Halley R. Halley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah Mo			

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

500

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 *E. C. Breit*.....

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.