Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012109
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2276

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS,MO. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN E. ST. LOUIS 812 Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET.ADM. HOSPITAL Length of stay in lb 15 days	d. STREET ADDRESS (If outside, give location) 32 1748 CENTRAL AVE. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CLYDE Middle Last OLIVER		4. DATE OF DEATH Month Day Year FEBRUARY 24, 1958	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 9/19/1902
9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) DUBBS, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE OLIVER	13b. MOTHER'S MAIDEN NAME LOUELLA GRIMM	14. NAME OF HUSBAND OR WIFE ALBERTA OLIVER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. 355-16-5622	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) CHRONIC OBSTRUCTIVE EMPHYSEMA WITH PULMONARY FIBROSIS 12 YRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) - - - - -

DUE TO (c) - - - 527.1 - -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CONGESTIVE HEART FAILURE AND COR PULMONALE

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] NONE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 2/9/58, to 2/24/58 and last saw him alive on 2/24/58
Death occurred at 4:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) CHARLES R. COOKE, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED FEB 25 '58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-3-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR C. T. Nash Funeral Home M. Frances Nash ADDRESS 111 N. 13th	25. DATE RECD. BY LOCAL REG. FEB 25 '58	26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested. All diseases in Part I must be causally related.

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 M. Frances Nash

Licensed Embalmer No. 4434

P. O. Address 111 N. 13th

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.