MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-047980
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0850
2 0850
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4 0
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9 420.1
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12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 149

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Length of stay in 1b: 12 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pulaski General Hosp. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Richland — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): ----- — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Earl Middle: Lee Last: Oliver
4. DATE OF DEATH: Month: Dec Day: 23 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 8-11-1890
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Laclede County Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Oliver
13b. MOTHER'S MAIDEN NAME: Synthia Davis
14. NAME OF HUSBAND OR WIFE: Ethel Oliver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.:
17. INFORMANT: John A. Oliver — Address: Stoutland Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): — 1
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. I attended the deceased from 12-22-62 to 12-23-62 and last saw her/him alive on 12-23-62
Death occurred at 7 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. J. Myers (Degree or title): DO
22b. ADDRESS: Richland, Missouri
22c. DATE SIGNED: 12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-26-1962
23c. NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery
23d. LOCATION (City, town, or county) (State): Richland Pulaski Mo

24. FUNERAL DIRECTOR: Moss-Williams — ADDRESS: Richland, Missouri
25. DATE RECD. BY LOCAL REG.: 12-26-62
26. REGISTRAR'S SIGNATURE: Eula Grace Anderson

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville, MO

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.