

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5511** Registrar's No. **110**

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: address before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Fields Creek Twp</b>		c. CITY OR TOWN <b>Clinton, Rural</b>	
c. LENGTH OF STAY (in this place) <b>17 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>RR # 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. W. Clinton</b>			

3. NAME OF DECEASED a. (First) <b>ARTIE</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>OLIPHANT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 25 1951</b>	
5. SEX <b>M.</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Nov. 4, 1881</b>		9. AGE (If years last birthday) <b>69</b>		10. UNDER 1 YEAR (Months) (Days) <b>8 21</b>
11. BIRTHPLACE (State or foreign country) <b>Warrensburg, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Resturant owner and operator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)

13a. FATHER'S NAME <b>Samuel J. Oliphant</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca J. Moody</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Oliphant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Grace Oliphant</b> ADDRESS <b>Clinton, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 WK</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			DUE TO (b) <b>HYPERTENTION</b>
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <b>ARTERIOSCLEROSIS</b>
		II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4143X</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Nov. 1949**, to **July 1951**, that I last saw the deceased alive on **July 1, 1951**, and that death occurred at **12:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Walker, MD</b> (Degree or title)		23b. ADDRESS <b>Clinton, Mo</b>		23c. DATE SIGNED <b>26 July 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 27 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wich Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wich, Mo.</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>July-26-51 Florence Adair</b>		422		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. D. Tausant</b> ADDRESS <b>Clinton, Mo.</b>	
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**RECEIVED** 7-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-30-51 \_\_\_\_\_

JUN 27 1950

**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 \_\_\_\_\_  
Student Embalmer

Signed R. R. Kenney \_\_\_\_\_

Licensed Embalmer No. 3099 \_\_\_\_\_

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.