No. 300
10-48

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

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16066

BIRTH NO. 22403-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1863

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 2 hrs 5 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3000 Grand Apt 307

3. NAME OF DECEASED (Type or Print)
a. (First): Carol
b. (Middle): Ann
c. (Last): Oliver

4. DATE OF DEATH (Month) (Day) (Year): 4-26-49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): new born
8. DATE OF BIRTH: 4-26-49
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —; Days —
IF UNDER 24 HRS.: Hours 2; Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): new born
10b. KIND OF BUSINESS OR INDUSTRY: new born
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Kelly H. Oliver Jr.
13b. MOTHER'S MAIDEN NAME: Carley Cloe Dickey
14. NAME OF HUSBAND OR WIFE: —
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Kelly H. Oliver Jr.
ADDRESS: 3000 Grand KCMo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 1hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Respiratory Failure — 2hr.
DUE TO (c): Premature Separation of Placenta — 8hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pathologist 7610

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 4-26-, 1949, to 4-26-, 1949, that I last saw the deceased alive on 2:05 a m, 1949 and that death occurred at 2:05 a m, from the causes and on the date stated above.

23a. SIGNATURE: A.E. Upsher — (Degree or title): MD
23b. ADDRESS: 2800 Main
23c. DATE SIGNED: 4/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 28-1949
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Hot Springs, Arkansas

DATE REC'D BY LOCAL REG.: 4-28-49
REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: D. N. Newcomer
ADDRESS: 1331 Brush Creek Kansas City, Mo.

(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 DOYLE L. DANIEL Student Embalmer No. 248, working under my personal supervision.

Signed Doyle L. Daniel
Student Embalmer

Signed Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 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.