

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 19 1950 STANDARD CERTIFICATE OF DEATH

State File No. 24290

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural--Buffalo</b>	
c. LENGTH OF STAY (In this place) <b>1 month</b>		d. STREET ADDRESS (If rural, give location) <b>RFD Louisiana, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>523 Frankford Road</b>			

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>	a. (First) <b>WALTER</b>	b. (Middle) <b>OLIVER</b>	c. (Last) <b>OLIVER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 18, 1864</b>	9. AGE (In years last birthday) <b>85</b>	10. MONTHS <b>6</b>	11. DAYS <b>3</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Pike Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Samuel Oliver</b>	13b. MOTHER'S MAIDEN NAME <b>Synthia Grooms</b>	14. NAME OF HUSBAND OR WIFE <b>Cytha Oliver</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. William W. Oliver, RFD., Louisiana, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Renal Failure</b>		<b>1 wk</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cordis</b> DUE TO (c) <b>Vascular Renal Dis.</b>		<b>4 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>H42X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 19, 1950**, to **6-21, 1950**, that I last saw the deceased alive on **6-21, 1950**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. A. Lewellen M.D.</b>	(Degree or title)	23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>6-23-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/23/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Buffalo Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>RFD, Louisiana, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 23, 1950</b>	REGISTRAR'S SIGNATURE <b>Berniece Collier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sterne Funeral Home Louisiana, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 19 1950

RECEIVED JUL 6 1950  
District Health Officer No. 10  
District File Number 7-50-1118  
~~FILED~~ JUL 14 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 Virginia M. Stearns

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.