

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30603

4033

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 1612 Brooklyn Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) CONNIE		c. (Last) OLIVER	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 20 1950	

5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1883 JANUARY 17 1869	9. AGE (In years last birthday) 67	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MCCLELLAN COUNTY, TEXAS /	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME E. OLIVER	13b. MOTHER'S MAIDEN NAME RACHEL	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALVA DYER 832 So. 5th St; K.C. Kansas

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) CARCINOMA OF STOMACH WITH METASTASIS TO LIVER AND LUNG		
	II. OTHER SIGNIFICANT CONDITIONS PULMONARY TUBERCULOSIS WITH CAVITATION		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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 9-15, 19 50 to 9-20-50, 19 50, that I last saw the deceased alive on 9-20, 19 50 and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title) <i>E. Frank Ellis</i>	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 9-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Sep 23 1950	24c. NAME OF CEMETERY OR CREMATORY W Estlawn	24d. LOCATION (City, town, or county) (State) K. C. Kans.
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DATE REC'D BY LOCAL REG. 9-23-50	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Funeral Home K.C. Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *C. Kenneth Herford*

Licensed Embalmer No. *74137*

P. O. Address _____

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.