

FILED APR 13 1951 STANDARD CERTIFICATE OF DEATH

State File No. **7699**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **101**

0143

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL		d. STREET ADDRESS (If rural, give location) HIGHWAY # 54 SOUTH	

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) STANLEY c. (Last) OLIVER			4. DATE OF DEATH (Month) (Day) (Year) APR 6 1951		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 10 1887		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Days 0		11. IF UNDER 24 HRS. Min. 26	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY FEED STORE		11. BIRTHPLACE (State or foreign country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME TAYLOR OLIVER			13b. MOTHER'S MAIDEN NAME AZELIA			14. NAME OF HUSBAND OR WIFE ETHEL M. OLIVER		
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ms. Ernest Oliver, Fulton, Mo.				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Occlusion						10 min.	
ANTECEDENT CAUSES		DUE TO (b) Coronary Sclerosis						?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)							
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 4201				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) (m.)			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 **4-4**, 19**51**, to **4-6**, 19**51**, that I last saw the deceased alive on **4-4**, 19**51**, and that death occurred at **7:42** m., from the causes and on the date stated above.

23a. SIGNATURE Walter Brown MD		(Degree or title)		23b. ADDRESS Fulton		23c. DATE SIGNED 4-6-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/8/1951		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDENS		24d. LOCATION (City, town, or county) (State) CALLAWAY, MO.	
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DATE REC'D BY LOCAL REG. April 7-1951		REGISTRAR'S SIGNATURE Maretha Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Margie Funeral Home, Fulton, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 10 1951

RECEIVED

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 Walter J. Hain
Licensed Embalmer No. 4557

P. O. Address Fulton, Md

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.