

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38035

State File No.

FILED DEC 5 1951

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 456

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (in this place) <u>84 days</u>		d. STREET ADDRESS (If rural, give location) <u>E. Lake St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunton Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Vina</u> c. (Last) <u>Oliver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 1, 1873</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>chariton co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Rusher</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Banning</u>	14. NAME OF HUSBAND OR WIFE <u>Claibe Oliver</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claibe Oliver, Marceline, Mo</u>	ADDRESS <u>Marceline, Mo</u>
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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, asthenia, 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) <u>Coronary Sclerosis</u>		<u>6 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Left Hemiplegia</u>		<u>3 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastro enteritis</u>		<u>2 wks.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
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?

22. I hereby certify that I attended the deceased from Feb 10, 1947, to Nov. 22, 1951, that I last saw the deceased alive on Nov. 21, 1951, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip A. Ottman, M.D.</u>	23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>11/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/23/51</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>	ADDRESS <u>Marceline, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2151
Date Filed: NOV 30 1951

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 *Blanche M. Laugel*.....

Licensed Embalmer No. *1209*.....

P. O. Address *W. ...*.....

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.