

No. 300  
10.48

JUL 7 1952

# STANDARD CERTIFICATE OF DEATH

19688

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5158 Registrar's No. 248

1. PLACE OF DEATH  
 a. COUNTY Callaway  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bourbon Twp  
 c. LENGTH OF STAY (in this place) 25 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Bourbon Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Callaway  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Fulton  
 d. STREET ADDRESS (If rural, give location) Bourbon Twp R.R.# 5

3. NAME OF DECEASED  
 (Type or Print) James Thomas Oliver  
 a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH  
June 29 1952  
 (Month) (Day) (Year)

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 13, 1880

9. AGE (In years last birthday) 62

IF UNDER 1 YEAR Months Days  
 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Callaway County Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry N. Oliver

13b. MOTHER'S MAIDEN NAME Annie Dawson

14. NAME OF HUSBAND OR WIFE Minnie Oliver

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Minnie Oliver Rt. 5 Fulton Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ac. Pulmonary Tuberculosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
chr. myocarditis secondary anemia

INTERVAL BETWEEN ONSET AND DEATH  
2 weeks  
years  
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
002x

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) (Min.)

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 april, 1943, to 6/29, 1952, that I last saw the deceased alive on 6/26, 1952, and that death occurred at 1:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry D. Smith M.D.

23b. ADDRESS Fulton Mo.

23c. DATE SIGNED 7/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 1, 1952

24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens

24d. LOCATION (City, town, or county) (State) Fulton Missouri

DATE REC'D BY LOCAL REG. July 5 1952

REGISTRAR'S SIGNATURE Maretha Lawrence 4265

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Wagoner Funeral Home Fulton Mo.

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

140  
1

APR 7 1957

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 *Ray A. Stewart*

Licensed Embalmer No. *3222*

P. O. Address *Fulton 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.