

FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25720

0700

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

BIRTH NO.		REG. DIST. NO. 231	PRIMARY REG. DIST. NO. 5811	Registrar's No.
1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give township) Montgomery Twn		c. CITY (If outside corporate limits, write RURAL and give township) Montgomery Twn Rural		
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) none		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. FULL NAME OF HOSPITAL OR INSTITUTION Home		
3. NAME OF DECEASED a. (First) Duard		b. (Middle) Auther		c. (Last) Oliver
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1953				
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 3 rd 1883	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Montgomery City Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME John Oliver		13b. MOTHER'S MAIDEN NAME Authusa Ham		14. NAME OF HUSBAND OR WIFE Susie Oliver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Susie Oliver Montgomery City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis 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 442x		20. AUTOPSY? YES <input 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) (Minute)		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 June , 19 53 to July 20 , 19 53 , that I last saw the deceased alive on July 20 , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE D. Frank Jolley		23b. ADDRESS Mexico Mo		23c. DATE SIGNED 8/1/53
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 2- 1953		24c. NAME OF CEMETERY OR CREMATORY Montgomery City
24d. LOCATION (City, town, or county) (State) Montgomery City Mo				
DATE REC'D BY LOCAL REG. 8-3-53		REGISTRAR'S SIGNATURE James S. Callaway		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alsup Russ MONTGOMERY CITY MO

(Licensed Embalmers' Statement on Reverse Side)

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 me & Jk

31st July 1953

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed C. J. Adams
Licensed Embalmer No. 1454

P. O. Address Waukegan City, Ill.

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.