

FILED MAR 15 1954

STANDARD CERTIFICATE OF DEATH

5532
State File No.

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u> <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmett</u> b. (Middle) <u>Dewitt</u> c. (Last) <u>Cliver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1954</u>	
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19, 1880</u>
9. AGE (In years just birthday) <u>73</u>		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) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Al. P. Oliver</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Cliver</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Cliver Montgomery City, Mo.</u>

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) <u>Acute Dilatation of Ventricle of Heart</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Cerebral Hemorrhage left side</u>		<u>3 yrs.</u> <u>2 days.</u>
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 <u>331X</u>	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)	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 Feb 17, 1954, to March 3, 1954, that I last saw the deceased alive on 3-3-54, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James O. Helm, M.D.</u>	23b. ADDRESS <u>New Florence Mo.</u>	23c. DATE SIGNED <u>3-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/8-54</u>	REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ... Montgomery City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

700
1

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 *E. Boone Schlanke*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, 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.