

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12093**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1571**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30yrs.		STREET ADDRESS (If rural, give location) 1204 Paseo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp.			

3. NAME OF DECEASED (Type or Print) CARTER OLIVER			4. DATE OF DEATH April 6, 1955		
a. (First)		b. (Middle)		c. (Last)	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 18, 1904	9. AGE (in years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Clean up		10b. KIND OF BUSINESS OR INDUSTRY Dept. Armour Pk.		11. BIRTHPLACE (City and State or Foreign Country) Hartville, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Edgar Oliver	13b. MOTHER'S MAIDEN NAME Nettie Buchanan	14. NAME OF HUSBAND OR WIFE Louise
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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. 510-05-1560	17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Jones	ADDRESS 513 E. 14th. St.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive bilateral subdural		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage		
	DUE TO (c) Generalized atherosclerosis		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Armour Packing Co. Kansas City, Wyandotte Co.	21c. (CITY, TOWN, OR TOWNSHIP) 12th COUNTY (STATE) Wyandotte Ka.
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21d. TIME OF INJURY 6 hrs previous	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall on floor & hit head
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. M. Tillman (Degree or title) Deputy Coroner	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 4/7/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/11/55	24c. NAME OF CEMETERY OR CREMATORY Oliver Cem.	24d. LOCATION (City, town, or county) (State) Hartville, Mo.
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DATE REC'D BY LOCAL REG. 4-8-55	REGISTRAR'S SIGNATURE neva minshell	25. FUNERAL DIRECTOR'S SIGNATURE E. Stuhig Pilla	ADDRESS 1212 pine St
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

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.....
Signature of Student Embalmer

Signed *E. Sterling Bills*

Licensed Embalmer No. *3172*

P. O. Address *1212 1/2 mile
K.C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.