

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36962

State File No. _____

4620

FILED NOV 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>OHIO</u> b. COUNTY <u>Summit</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>AKRON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>434 g</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u>			b. (Middle) _____		c. (Last) <u>OLIVIERI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26, 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>December 25, 1887</u>		9. AGE (in years last birthday) <u>66 6/7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Automobile Firestone Rubber Co</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Cesmo OLIVIERI</u>			13b. MOTHER'S MAIDEN NAME <u>Sabbia Didonato</u>			14. NAME OF HUSBAND OR WIFE <u>MRS MARY OLIVIERI</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>298-01-1565</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dom. Mrs. Sunday Henderson</u>				ADDRESS <u>Akron, Ohio</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy & hemorrhage</u> DUE TO (c) <u>Atrial Fibrillation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1010+</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Massive hemorrhage in head & prostate</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. <u>hypertrophy</u> (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? _____					
22. I hereby certify that I attended the deceased from <u>10-19-55</u> , to <u>10-26-55</u> , that I last saw the deceased alive on <u>10-26-55</u> , and that death occurred at <u>4:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. A. Choquette</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>500 Beyond Park</u>		23c. DATE SIGNED <u>10/27/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>		24d. LOCATION (City, town, or county) (State) <u>AKRON OHIO</u>			
DATE REC'D BY LOCAL REG. <u>10-27-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</u>					

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

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 *Adrian Jay Still*.....

Licensed Embalmer No. 48

P. O. Address S.C., 70

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.