.S. No. 300
EV. 10-48

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36930

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Fax
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fair Fax Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nebraska
b. COUNTY: Richardson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shubert
d. STREET ADDRESS (If rural, give location): Shubert

826 0 8

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): William
c. (Last): Oliver

4. DATE OF DEATH (Month) (Day) (Year): 11 13 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 31, 1939
9. AGE (In years last birthday): 17 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: 1
11. BIRTHPLACE (State or foreign country): Falls City Neb
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Russell Oliver
13b. MOTHER'S MAIDEN NAME: Ramona Wimmerslage
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Russell Oliver — ADDRESS: Shubert Neb

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basilar skull fracture — 15 hours
DUE TO (c) Automobile accident

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 ☐ NO ☑

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 9 miles E of Westboro
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Atchison Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 - 12 - 56 12:30 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* 11-13-, 1956, *to* 11-13, 1956, *that I last saw the deceased alive on* 11-13-, 1956, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wallace Carpenter (Degree or title): MD
23b. ADDRESS: Rock Port Mo
23c. DATE SIGNED: 11/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: 11-16-56
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Steele Cemetery
24d. LOCATION (City, town, or county) (State): Falls City Neb

DATE REC'D BY LOCAL REG.: Nov 15, 1956
REGISTRAR'S SIGNATURE: Marvin H. Schooler
25. FUNERAL DIRECTOR'S SIGNATURE: Chaney Holzen Shurtz
ADDRESS: Falls City Neb.

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 27 1956

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.

Signed Marvin N. Schaeler

Signed .....
Student Embalmer

Licensed Embalmer No. 4162

P. O. Address Fairfax Missou

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.