

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2060

STATE FILE NUMBER

FILED FEB 5 1958

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		c. CITY OR TOWN Charleston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 603 Gail St.		d. STREET ADDRESS (If outside, give location) 603 Gail St.	
Length of stay in 1b 5 yrs.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Annie Middle Oliver Last Oliver			4. DATE OF DEATH Month Jan. Day 27 Year 1958		
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 3, 1914	9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lexington, Miss.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Simon Laudon			14. MOTHER'S MAIDEN NAME Mary Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT William Oliver, 603 Gail, Charleston, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (d), stating the underlying cause last.	DUE TO (b) Asphyxiation		2 yrs +
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X	
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Charleston, Mo.

21. I attended the deceased from **May 17, 1958** to **January 27, 1958** and last saw her alive on **11/15** at **a. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **L. R. Sparks** (Degree or title) 22b. ADDRESS **Charleston, Mo.** 22c. DATE SIGNED **1/29/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.
24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 1-31-58	26. REGISTRAR'S SIGNATURE Society B. Hathorn	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Carcancer cannot be causally related to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00
56

RECEIVED

Miss. Co. Health D

County File No. _____

Date Filed 2-4-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Edward A. Ruffin

Licensed Embalmer No. 50
2501 Po
P. O. Address Cairo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.