

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012691
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 745

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1-57
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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladue		c. CITY OR TOWN Ladue 442 1/2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 Fair Oaks		d. STREET ADDRESS (If outside, give location) 13 Fair Oaks	
3. NAME OF DECEASED (Type or print) First DICK Middle Last OLIVER		4. DATE OF DEATH Month March Day 12 Year 1958	
5. SEX s male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired V. Pres. New York Life		10b. KIND OF BUSINESS OR INDUSTRY Insurance Co.	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Thuacana, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Jefferson Oliver		13b. MOTHER'S MAIDEN NAME Alene Eunenia Peeples	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 488-05-9121	
17. INFORMANT Mrs. Omah M. Woods Oliver		Address Ladue Missouri, 13 Fair Oaks,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) General arteriosclerosis DUE TO (c) 4700			INTERVAL BETWEEN ONSET AND DEATH 18 years ?
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from May 1940 to March 12 1958 and last saw her alive on March 11 1958 Death occurred at 6:15 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Samuel D. Grant M.D.		22b. DATE SIGNED 3-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/14/1958	
23c. NAME OF CEMETERY OR CREMATORY Cemetery		23d. LOCATION (City, town, or county) (State) Dallas Texas	
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. 3-13-58	
26. REGISTRAR'S SIGNATURE Herbert R. Janki M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*.....
P. O. Address *St. Louis, Mo.*

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.