

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031767

STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 34

300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Nursing Home		d. STREET ADDRESS (If outside, give location) 1204 Walnut St	

3. NAME OF DECEASED (Type or print) First OLIVER Middle DAVID Last READ			4. DATE OF DEATH Month Sept. Day 8, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 10 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. of Furniture Store	10b. KIND OF BUSINESS OR INDUSTRY Furniture Retail	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Granville Read	13b. MOTHER'S MAIDEN NAME Mary Byrns	14. NAME OF HUSBAND OR WIFE Linnie Allen
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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. 490-07-0975	17. INFORMANT Mrs. Verdie M. Kelley, Columbia, Mo.
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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 Artery Thromboses, with Cerebral Attherosclerosis		INTERVAL BETWEEN ONSET AND DEATH Years - Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c) 332X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of liver with edema		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 Columbia	COUNTY Boone	STATE Missouri
21. I attended the deceased from 5/16/58 to 9/7/58 and last saw him alive on 9/2/58 Death occurred at 2:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Edith L. Ward MD (Degree or title)	22b. ADDRESS Centralia, Mo	22c. DATE SIGNED 9-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri.
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	ADDRESS 	25. DATE RECD. BY LOCAL REG. Sept 16 - 1958	26. REGISTRAR'S SIGNATURE Maud Mc Bride
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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SEP 24 1958

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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 *J. P. Kelly*
Licensed Embalmer No. *4897*
P. O. Address *Columbia, 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.