

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006659

STATE FILE NUMBER
31

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>PIKE.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUFFALO</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SMITH FARM</u>		d. STREET ADDRESS (If outside, give location) <u>RED#1</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLAUD LEE OLIVER</u>			4. DATE OF DEATH Month Day Year <u>MARCH 4 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 22, 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days <u>0 8 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>LOUISIANA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>

13a. FATHER'S NAME <u>WILLIAM OLIVER</u>		13b. MOTHER'S MAIDEN NAME <u>CYTHA H. OLDHAM</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>CHARLES W. OLIVER LOUISIANA, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Head & Chest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Trauma to Heart</u>		
	DUE TO (c) <u>9121</u>		
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 checked="" 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.) <u>farm tractor subject was operating</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>10:30 a.m. 3-4-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Louisiana Pike Mo</u>	
21. I attended the deceased from _____, to _____ and last saw him ^{or} her <u>March 4</u> Death occurred at <u>10:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>J. H. Mudd</u> <u>Coroner 3</u>		22b. ADDRESS <u>Bowling Green, Mo</u>		22c. DATE SIGNED <u>3-5-59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>MARZ, 1959</u>		23b. DATE <u>MARZ, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>PIKE MO</u>		24. FUNERAL DIRECTOR ADDRESS <u>Sterne Funeral Home</u>			

25. DATE RECD. BY LOCAL REG. <u>mar 9-1959</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>			
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *A. B. Sterne*

Licensed Embalmer No. *4039*
P. O. Address *Louisiana*

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.