

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011261

STATE FILE NUMBER 2944
REGISTRATION DISTRICT NO. _____ PRIMARY REGISTRATION DISTRICT NO. _____ REGISTRATION NO. _____

FILED APR 6 1959

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Franklin)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN New Haven	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 6 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Oliver			4. DATE OF DEATH Month March Day 21 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 11, 1886
9. AGE (In years last birthday) 73		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City of New Haven	11. BIRTHPLACE (City and state or country) Waco, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Robert L. Oliver		13b. MOTHER'S MAIDEN NAME Amelia Evans	14. NAME OF HUSBAND OR WIFE Unavailable
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. 489-01-4178	17. INFORMANT Address Howard W. Oliver, Waco, Texas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undifferentiated malignant tumor involving right lung, right adrenal gland, liver, peritoneum.			INTERVAL BETWEEN ONSET AND DEATH 1/30/59 to 3/21/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 199.2			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m. Month, 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 COUNTY STATE
21. I attended the deceased from 1/30/59 to 3/21/59 and last saw her alive on 3/21/59 Death occurred at 9:00 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James G. Briggs, M.D. (Degree or title)		22b. ADDRESS 7820 Coronado, Clayton, Mo.	22c. DATE SIGNED 3/23/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-24-59	23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	23d. LOCATION (City, town, or county) New Haven, Mo.
24. FUNERAL DIRECTOR ADDRESS L.C. Fertig & Son, New Haven, Mo.		25. DATE RECD. BY LOCAL REG. MAR 23 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lawrence O. Galbraith*

Licensed Embalmer No. *4977*

P. O. Address *St. Louis*

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.