

XC-5216 671
SL 20000

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023249

FILED JUL 1 1959 Registration District No. Primary Registration District No. STATE FILE NUMBER 2 No 5752

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE INDIANA b. COUNTY GIBSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OAKLAND CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 29 DAYS	d. STREET ADDRESS (If outside, give location) 427 N. JACKSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle E. Last OLIVER			4. DATE OF DEATH Month 6 Day 16 Year 59	
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5. SEX 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 12-1-23	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days	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) MAIL CARRIER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) OAKLAND CITY, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HASKELL OLIVER	13b. MOTHER'S MAIDEN NAME NORA MINNIS	14. NAME OF HUSBAND OR WIFE RUBY OLIVER
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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) YES WW-2	16. SOCIAL SECURITY NO. 314-20-5296	17. INFORMANT Address VA HOSP RECORDS, ST. LOUIS, 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) BRONCHOGENIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) -	-
	DUE TO (c) -	162.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour NA Month, Day, Year 5-1-59 a.m. p.m.	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 Oakland City Ind.	COUNTY Oakland City Ind.	STATE
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21. attended the deceased from 5-1-59 to 6-16-59 and last saw her alive on 6-16-59 Death occurred at 9:10AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Benson Wilcox</i> BENSON WILCOX (Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) 6/16/59	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Oakland City Ind.	23d. LOCATION (City, town, or county) (State) Oakland City Ind.
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24. FUNERAL DIRECTOR Edw. Fendler ADDRESS 5611 So. Grand Blvd.	25. DATE RECD BY LOCAL REG. 6/16/59	26. REGISTRAR'S SIGNATURE <i>Mrs. Road Smith, M.D.</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

MS
OCT 18 1930

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. A. Humphrey

Licensed Embalmer No. *0772*

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.