

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 AMENDED
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7074** STATE FILE NUMBER **-61-027187**

FILED AUG 8 1961

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5560 Clemens** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Cicero** Middle **A.** Last **Oliver** 4. DATE OF DEATH Month **7** Day **28** Year **61**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-15-1895** 9. AGE (last birthday) **66** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Janitor** 10b. KIND OF BUSINESS OR INDUSTRY **Apartments** 11. BIRTHPLACE (City and state or country) **Newbern, Tenn.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Richard Oliver** 13b. MOTHER'S MAIDEN NAME **Lee Ella Parks** 14. NAME OF HUSBAND OR WIFE **- -**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes WW I** 17. INFORMANT **Gentry Oliver** Address **4227 E. Maffitt**

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**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **420.0**
 DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH **Undet.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Probable Pulmonary Infarction**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **7-19-61** to **7-28-61** and last saw ^{for} him alive on **7-28-61**
 Death occurred at **8:50** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Sydney P. Inaw, M.D.** 22b. ADDRESS **2601 N. Whittier Street** 22c. DATE SIGNED **7-28-61**

23a. BURIAL, CREMATION REMOVAL (Specify) **Removal** 23b. DATE **1 Aug 1961** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

24. FUNERAL DIRECTOR ADDRESS **ATKINS BROS. 3644 Finney Ave.** 25. DATE RECD. BY LOCAL REG. **JUL 31 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED
 INSTEAD OF
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Monroe

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.