

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22694

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION California, Mo Gen Del				d. STREET ADDRESS (If rural, give location) Gen Del, California, Mo			
3. NAME OF DECEASED (Type or Print) Oliver		a. (First) Vermont		c. (Last) Radford		4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1951	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug 6, 1885	
9. AGE (In years last birthday) 66		10. SEX MONTHS 0		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME Alpha Rodford		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Thomas Columbia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Throat ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) California Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 24, 1951, to Aug. 31, 1951, that I last saw the deceased alive on Aug. 24, 1951, and that death occurred at 10/30A m., from the causes and on the date stated above.							
23a. SIGNATURE A. R. Rappaport		(Degree or title) S.O.		23b. ADDRESS California, Mo		23c. DATE SIGNED 9/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2. 51		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo	
DATE REC'D BY LOCAL REG. 9-1-51		REGISTRAR'S SIGNATURE A. R. Rappaport		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Bouslin California			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-6-51 _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Earl Bonline

Signed _____
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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 this body is not embalmed, fact should be so stated above.