

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4311

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Exelsior Springs</u>		c. LENGTH OF STAY (In this place) <u>5 months</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Calamus</u>		13. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchells Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>RRI Calamus, Iowa</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>			a. (First)	b. (Middle)	c. (Last) <u>OLSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 3, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 28, 1884</u>		9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Calamus Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nils Olaf Olson</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Sophia Christensen</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Olson</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'S SIGNATURE OR NAME <u>Bertha Olson</u> ADDRESS <u>Calamus Iowa</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis (Chronic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>Calculus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>had over 3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>marked Zen. Stricture Certly with mobilization of</u>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>9-10, 1948</u> to <u>Feb 3, 1949</u> , that I last saw the deceased alive on <u>Feb 3, 1949</u> , and that death occurred at <u>7:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. L. ...</u>				23b. ADDRESS <u>Exelsior Springs Mo</u>		23c. DATE SIGNED <u>2/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Our Saviors Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Calamus, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>2/4/49</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>		62 25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>		ADDRESS <u>Ed Sigs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-4-49.....

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
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ev Springs 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 this body is not embalmed, fact should be so stated above.