

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19719
2404

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>22 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Knobnoster</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>OLVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 49</u>	
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 27, 1879</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairy & Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Platte County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Samuel Olvis</u>		13b. MOTHER'S MAIDEN NAME <u>Marry Jane Leppard</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Wampler Olvis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Olvis Knobnoster, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>1511</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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>5/10, 1949</u> , to <u>6-2, 1949</u> , that I last saw the deceased alive on <u>6-2, 1949</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Cummins</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1612 Prof. Bldg. K.C. Mo</u>		23c. DATE SIGNED <u>6-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster</u>		24d. LOCATION (City, town, or county) (State) <u>Knobnoster Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-2-49</u>		REGISTRAR'S SIGNATURE <u>Sheldene Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.M. Wagner</u>		ADDRESS <u>K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-4644

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.

Signed Alvin R. Hunschell

Signed _____
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.