

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26798

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo. 46</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>Maple Street 1</u>	
3. NAME OF DECEASED a. (First) <u>Noel</u> b. (Middle) <u>Devell</u> c. (Last) <u>Olson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-5-1913</u>
9. AGE (In years last birthday) <u>35</u> 10. MONTHS <u>10</u> 11. DAYS <u>13</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resident Engineer Elec. Eng. Constr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington Co. Road</u>	
11. BIRTH PLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walden Olson</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Devell</u>	
13c. NAME OF HUSBAND OR WIFE <u>Tommy Olson</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	
15. SOCIAL SECURITY NO. <u>460-14-6040</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. D.S. Olson</u> ADDRESS <u>West Plains, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted - Immediate</u>			
ANTECEDENT CAUSES <u>Patient working near high voltage electric lines, and wire in hand contacted high voltage wires causing death.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE MURDERICIDE (Specify) <u>Accident Construction Job</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Willow Springs Howell - Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 18 49 7:30 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u> <u>46</u>	
22. I hereby certify that I attended the deceased from <u>8-18-49</u> , 19 <u>49</u> , that I last saw the deceased <u>alive</u> on <u>8-18-49</u> , 19 <u>49</u> , and that death occurred at <u>2:30 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William D. Crowder</u> (Degree or title) <u>Crowder</u>		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>22-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>✓</u>		24b. DATE <u>8-19-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McGregor</u>		24d. LOCATION (City, town, or county) (State) <u>McGregor, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-15-49</u>		REGISTRAR'S SIGNATURE <u>Martha Lee Ball</u>	
35. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains, Mo</u>	

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9/6/49  
District Health Officer No. 5,  
District File Number 949582  
Date Filed 9/6/49

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed *D. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address West Haven, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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