

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40834

State File No.

FILED DEC 19 1949

BIRTH NO. 79729-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1111

39
12-15-49 - BURGE
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Ava	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Ava	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Cathy	b. (Middle) Jean	c. (Last) Olp	4. DATE OF DEATH (Month) (Day) (Year)	Dec. 14 1949
-------------------------------------	-------------------------	-------------------------	----------------------	---------------------------------------	---------------------

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Dec. 13, 1949	9. AGE (In years last birthday)	0	IF UNDER 1 YEAR	Months 0	Days 1	IF UNDER 24 HRS.	Hours 3	Min.
----------------------	-------------------------------	--	---------------------------------------	---------------------------------	----------	-----------------	-----------------	---------------	------------------	----------------	--------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME Robert Olp	13b. MOTHER'S MAIDEN NAME Margret Daebel	14. NAME OF HUSBAND OR WIFE Infant
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Margret Olp	ADDRESS Ava, Missouri
--	-----------------------------------	--	------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		1 day
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tentorial Tear		1 day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			760.0

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)
--	--	---

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 12-13, 1949, to 12-14, 1949, that I last saw the deceased alive on 12-14, 1949, and that death occurred at 5:37 p. m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Handley (Degree or title) Med. Nat's Bldg. Supt.	23b. ADDRESS Ava, Mo.	23c. DATE SIGNED 12-15-49
---	------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL + REMOVAL	24b. DATE 12-15-49	24c. NAME OF CEMETERY OR CREMATORY AVA CEMETERY	24d. LOCATION (City, town, or county) (State) AVA, MO.
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. 12-15-49	REGISTRAR'S SIGNATURE W. J. Handley	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.	ADDRESS Springfield
--	--	--	----------------------------

[Faint, illegible text]

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

Not Embalmed

Signed *C. G. Stone Jr.*

Licensed Embalmer No. *C. G. Stone Jr.*

P. O. Address *Springfield*

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.