

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43765

State File No. _____

5455

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>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>4042 HARRISON STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CROSS NURSING HOME</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24-1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u>		b. (Middle) _____		c. (Last) <u>OLSON</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>JULY-14-1865</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. JOSEPH, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Lawlor</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES S. OLSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. BLANCH ARNOLD, 4042 Harrison St. 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis years</u> 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 <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42 ml</u>				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) (Min.)		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>Dec 18, 1949</u> , to <u>Dec 24, 1949</u> , that I last saw the deceased alive on <u>Dec 24, 1949</u> , and that death occurred at <u>8:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Ketcham</u> (Degree or title) <u>W. M. Ketcham M.D.</u>				23b. ADDRESS <u>MO MO</u>		23c. DATE SIGNED <u>12/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC. 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>LIEAUVENWORTH, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>12-26-49</u>		REGISTRAR'S SIGNATURE <u>S. Geraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D. W. Newcomer's Sons</u> <u>1331 BRUSH CREEK BLVD</u> <u>KANSAS CITY, MO.</u>			

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

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