No. 300
10-48

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26161

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 322

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 926 Pine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo. 0123
d. STREET ADDRESS (If rural, give location): 926 Pine 0

3. NAME OF DECEASED (Type or Print)
a. (First): MINNA
b. (Middle): JULIA
c. (Last): OLANDT

4. DATE OF DEATH (Month) (Day) (Year): 8/14/1950

5. SEX: Fem. 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov.7,1861
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 9, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kaplan, Germany 4
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Carl Kunkel
13b. MOTHER'S MAIDEN NAME: Adolphina Henningson
14. NAME OF HUSBAND OR WIFE: Rev. Claus Olandt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: B.A. Welscher...Poplar Bluff,Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility — 4222

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

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): Poplar Bluff Butler Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 7-28, 1950, *to* 8-14, 1950, *that I last saw the deceased alive on* 8/12, 1950, *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Holleday M.D. 0
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 8/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 8/15/50
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cem.
24d. LOCATION (City, town, or county) (State): Pitman, N.J.

DATE REC'D BY LOCAL REG.: Aug 17-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FRANK*COTRELL.....Poplar Bluff,Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 21 1950
BUTLER CO. HEALTH CENTER
FILE No. 850-344

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 George P. Burks

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff

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

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