

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21910

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>217</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Adair County</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | | | |
| b. CITY OR TOWN <u>Kirksville</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Kirksville</u> | | d. STREET ADDRESS (If rural, give location) <u># RR# 5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> | | | b. (Middle) <u>Olson</u> | | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1951</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Nov. 16, 1879</u> | | 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u> | | IF UNDER 24 HRS. Hours <u>14</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Boone Co., Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>S. P. Carlson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Joderberg</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Alfred L. Olson</u> | |
| 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. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred L. Olson - Kirksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Wall bladder metastasis to liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) 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 <u>155x</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>July 10, 1951</u> , to <u>July 30, 1951</u> , that I last saw the deceased alive on <u>July 28, 1951</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Donald R. Hunter Mo.</u> | | | | 23b. ADDRESS <u>1102 E. Normal - Kirksville</u> | | 23c. DATE SIGNED <u>8-4-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 2.51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-4-51</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Randolph Davis - Kirksville</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **AUG 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1419*
Date Filed: **AUG 7 1951**

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.

Signed

Donald L. Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. *4722*

P. O. Address *Finksville, Mo*

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.