

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34378

State File No. ....

FILED OCT 17 1951

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coedon</u>		c. LENGTH OF STAY (In this place) <u>0161</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Coedon</u>		d. STREET ADDRESS (If rural, give location) <u>105 S. Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 S. Walnut</u>				d. STREET ADDRESS (If rural, give location) <u>105 S. Walnut</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Christian</u> c. (Last) <u>Olson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 20, 1881</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager for grad.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retail for. Leavenworth</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
13a. FATHER'S NAME <u>Martin Olson</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Olson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-05-3692</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. E. C. Olson</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u>					<u>3 YEARS</u>
		DUE TO (c) <u>CAREATOMIA of PROSTATE</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 <u>177x</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>2-1</u> , 19 <u>51</u> , to <u>10-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>51</u> , and that death occurred at <u>6 4m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A F Bernhardt DO</u>				23b. ADDRESS <u>Coedon Mo.</u>		23c. DATE SIGNED <u>10-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coedon</u>		24d. LOCATION (City, town, or county) (State) <u>Coedon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5, 51</u>		REGISTRAR'S SIGNATURE <u>Alveretta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Phillips</u>		ADDRESS <u>Coedon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 10 1981

WICKER COUNTY HEALTH  
DEPARTMENT

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 Louis M. Phillips

Licensed Embalmer No. 3663

P. O. Address Edou

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.