

STANDARD CERTIFICATE OF DEATH

40799

State File No.

FILED DEC 22 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1273

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0110</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Belt Highway & Senecc St.</u>			d. STREET ADDRESS (If rural, give location) <u>2602 Olive St.</u>		

3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>		a. (First)	b. (Middle)	c. (Last) <u>OLMSTED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 28, 1860</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Patrick O'Connell</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Louis E. Olmsted</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. M. Olmsted 41st & Mitchell</u>			
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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>Injuries received in an automobile accident.</u> ANTECEDENT CAUSES <u>accident.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12/5/51</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>				

19a. DATE OF OPERATION <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, on street, in car, in bldg., etc.) <u>Public highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Dec. 5, 1951 10:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of two cars on Belt Highway</u> <u>011</u>		
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22. I hereby certify that I viewed the deceased from Dec. 5, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. Olmsted</u>		(Degree or title) <u>M.D. Act. Cor</u>	23b. ADDRESS <u>King Hill Bldg. St. Joe. Mo</u>	23c. DATE SIGNED <u>12/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/8/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 17, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Crowl</u>	44%	25. FUNERAL DIRECTOR'S SIGNATURE <u>Essex & Clark</u>	ADDRESS <u>120 Illinois</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

Emil Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph 7th*

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.