

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9263**
REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5335** Registrar's No. **53-31**

FILED MAR 16 1953

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion Twp		c. LENGTH OF STAY (in this place) 1 1/2 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion Twp.	
		d. STREET ADDRESS (If rural, give location) 6 mi. N.E. Golden City, Mo.	

3. NAME OF DECEASED (Type or Print) FLORENCE GRENIER OLMSTED			4. DATE OF DEATH Mar. 5, 1953		
a. (First)	b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1893		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Month 1 Days 6	IF UNDER 24 HRS. Hours 1 Min. 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) Clearwater, Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Thomas Grenier		13b. MOTHER'S MAIDEN NAME Caroline Patras		14. NAME OF HUSBAND OR WIFE Charles Olmsted	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Olmsted, Lockwood, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. History of cerebral hemorrhage 2 yrs ago.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				331X	

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **After Death**, 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at **4:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. R. Allison 3 (Degree or title) Coroner		23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 3-5-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 7, 1953		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Golden City, Mo.	
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DATE REC'D BY LOCAL REG. 3-9-53		REGISTRAR'S SIGNATURE J. C. Canada 478		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Funeral Home, Golden City, Mo.	
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MAY 26 1960

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MAY 26 1960

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 _____

H. H. Rugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.