

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16715

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BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (In this place) <b>3 Mo. 8 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marshall Rest Home</b>				d. STREET ADDRESS (If rural, give location) <b>431 North Jefferson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johanna</b> b. (Middle) <b>Olson</b> c. (Last) <b>Peecher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 18th, 1953.</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 22, 1871</b>		9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ishpeming, Mich.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Eric Olson</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Frink</b>		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Peecher, Marshall, Mo.</b>			
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) <b>Ch. Nephritis</b> ANTECEDENT CAUSES <b>Hypertension</b> 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.					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b> T	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		592X	
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?			
22. I hereby certify that I attended the deceased from <b>Oct 1952</b> to <b>April 18, 1953</b> , that I last saw the deceased alive on <b>April 18, 1953</b> and that death occurred at <b>11-15A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Gray</b>				23b. ADDRESS <b>Marshall Mo.</b>		23c. DATE SIGNED <b>4-20-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 20, 1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-20-1953</b>		REGISTRAR'S SIGNATURE <b>Sidney J Gray</b> 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis Marshall, Mo.</b>			

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

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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 No. ;

Signed

*James H. Lewis Jr.*

Licensed Embalmer No. *H709*

P. O. Address *Marshall, 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.