

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36454

State File No.

FILED OCT 19 1953

 BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Chillicothe</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>1115 Locust Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1304 Locust Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Theresa</u> c. (Last) <u>Olenhouse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 30, 1882</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
IF UNDER 2 HRS. Hours		IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>George Hoff</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Shauer</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Olenhouse</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William H. Olenhouse; Chillicothe, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary edema</u> DUE TO (c) <u>Cardiac failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u> <u>7 days</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>10/7</u> to <u>7 Oct.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6 Oct.</u> , 19 <u>53</u> , and that death occurred at <u>6:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles M. Grace M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	
23c. DATE SIGNED <u>8 Oct. 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	
24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 18/53</u>		REGISTRAR'S SIGNATURE <u>Francis B Neill</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

EMBR
F 1956

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.