

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43310

State File No.

FILED JAN 5 1954

BIRTH NO. ... REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5522 Registrar's No. 223

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie Township		c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit		d. STREET ADDRESS (If rural, give location) R # 2	
c. LENGTH OF STAY (In this place) 4 da.		3. NAME OF DECEASED a. (First) Caroline		b. (Middle) M	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		c. (Last) Coukell		4. DATE OF DEATH (Month) (Day) (Year) 12-9-1953	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-29-1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gardner Olmstead		13b. MOTHER'S MAIDEN NAME Mary Ellen Olmstead		14. NAME OF HUSBAND OR WIFE Bert Arthur	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE/ OR NAME ADDRESS R.A. Arthur Lee's Summit Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anterior atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4 days
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) 4200 Independence Iowa	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 12-5- , 19 53 , to 12-9 , 1953, that I last saw the deceased alive on 12-9- , 1953, and that death occurred at 6:30 pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) David W. ... M.D.		23b. ADDRESS Jackson County Hospital		23c. DATE SIGNED 12-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 12, 53		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.	
24d. LOCATION (City, town, or county) (State) Independence Iowa		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec. 11, 53		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Campbell Lee's Summit Mo	

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 *A. J. Lindley* _____

Licensed Embalmer No. *4822* _____

P. O. Address *Lees Summit* _____

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.