

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11666

State File No.

FILED MAY 12 1954

BIRTH NO.		REG. DIST. NO. <u>108</u>		PRIMARY REG. DIST. NO. <u>5423</u>		Registry No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived) Institution: residence before institution: a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY OR TOWN <u>Cubana</u>		c. CITY OR TOWN <u>Cubana</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) <u>Wale</u> c. (Last) <u>Olson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-54</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Sept 2, 1938</u>	
9. AGE (In years last birthday) <u>15</u>		10. MONTHS <u>6</u>		11. YEARS <u>8</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Harley Olson</u>				13b. MOTHER'S MAIDEN NAME <u>Paulene Oliver</u>			
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)				16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <u>Harley Olson</u>				ADDRESS <u>Cubana Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO - PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>PROGRESSIVE MUSCULAR DYSTROPHY.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				7441			
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1952</u> , to <u>3/6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>54</u> , and that death occurred at <u>5 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>William E. Bark</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cordwell, Mo</u>		23c. DATE SIGNED <u>3/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Julie</u>		24d. LOCATION (City, town, or county) (State) <u>Seneca Mo. Route</u>	
DATE REC'D BY LOCAL REG. <u>5/3/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. N. Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u>		ADDRESS <u>Cordwell, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-11-54
COUNTY FILE NUMBER 554-143

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.....
Signature of Student Embalmer

Signed Hubert B. Paul

Licensed Embalmer No. 488
P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.