

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33458

State File No. \_\_\_\_\_ Registrar's No. 78

FILED NOV 3 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5383

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY OR TOWN <u>rural Gladden typ</u>	c. LENGTH OF STAY (In this place) <u>2 wk's</u>	c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>930</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>So. Salem about 13 miles</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nels</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-54</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NOT KNOWN</u>	8. DATE OF BIRTH <u>4-25-82</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <u>NOT KNOWN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not known</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mgelbi Sweden</u>	12. CITIZEN OF WHAT COUNTRY? <u>Swedish</u>
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13a. FATHER'S NAME <u>Andrew Olson</u>	13b. MOTHER'S MAIDEN NAME <u>Pella Olson</u>	14. NAME OF HUSBAND OR WIFE <u>Not known</u>
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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) <u>unknown axx</u>	16. SOCIAL SECURITY NO. <u>350-16-5693</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Information from Alien Reg. receipt</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Falling in a Farm pond</u> DUE TO (c) _____		
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 <u>Coroner's inquest Autopsy by Dr. Henry Sweet</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____ m. _____	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 not, 1954, to attended, 1954, that I last saw the deceased alive on \_\_\_\_\_, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marshall C. Blackwell, Coroner, Salem, Mo.</u>	(Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>10-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-29-54</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, Jr. W. J. M. E.</u>	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____
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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.....  
Signature of Student Embalmer

Signed.....  
*Orville J. Jones*

Licensed Embalmer No.....  
*997*

P. O. Address.....  
*Salina*

**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.**