

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>78-A</u>									
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is 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 <u>Burge Hospital 0</u>				e. STREET ADDRESS (If rural, give location) <u>800 N Robberson</u> <u>0386</u>											
3. NAME OF DECEASED (Type or Print) <u>FREDA</u>			a. (First)		b. (Middle)		c. (Last) <u>OLSON</u>								
4. DATE OF DEATH		(Month) (Day) (Year)		<u>January 25 1955</u>											
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married 0</u>		8. DATE OF BIRTH <u>July 11, 1871</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dress maker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dressmaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweden</u> <u>4</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John Olson</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>-----</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl Brinell, Springfield, Mo.</u>									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Colon</u>										<u>6 mo.</u>			
		ANTECEDENT CAUSES Forbid 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. <u>Generalized arteriosclerosis</u>										<u>unknown</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>										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) <u>Springfield Greene Mo</u>										
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <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>Feb 28</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on <u>Jan 25, 1955</u> , and that death occurred at <u>11:45P</u> m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>H. H. Wilsey M.D.</u>				23b. ADDRESS <u>609 Cherry St.</u>				23c. DATE SIGNED <u>Jan 28 55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 28, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>							
DATE REC'D BY LOCAL REG. <u>1-31-55</u>				REGISTRAR'S SIGNATURE <u>Edith Williamson</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Johnson, Springfield, Mo.</u> <u>BKI</u>							

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 *Robert E. Muhlman*

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.