

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12094

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1387

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 OR TOWN KANSAS CITY (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN LEE'S SUMMIT	
c. LENGTH OF STAY (in this place) 3 WEEKS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		STREET ADDRESS (If rural, give location) 700	
3. NAME OF DECEASED (Type or Print) a. (First) HARVEY		b. (Middle) L.	
c. (Last) OLMSTEAD		4. DATE OF DEATH (Month) (Day) (Year) MARCH-25-1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-14-1885
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OWNERS - OWNER		10b. KIND OF BUSINESS OR INDUSTRY OLMSTEAD FURNITURE COMPANY	
11. BIRTHPLACE (City and State or Foreign Country) GOTLAND SWEDEN		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME OLAF OLMSTEAD		13b. MOTHER'S MAIDEN NAME MARY RHOUNDSTROM	
14. NAME OF HUSBAND OR WIFE MRS. ALTA D. OLMSTEAD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. ALTA D. OLMSTEAD		ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of sigmoid	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		INTERVAL BETWEEN ONSET AND DEATH 3 + mos	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		DUE TO (c) None	
19a. DATE OF OPERATION 1/22/55		19b. MAJOR FINDINGS OF OPERATION Cancer of sigmoid colon	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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) (Min.)		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 1/21 , 19 55 , to 3/25 , 19 55 , that I last saw the deceased alive on 3/24 , 19 55 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE E. A. QUER (Degree or title) M.D.		23b. ADDRESS 1103 Grand Ave Kansas City, Mo	
23c. DATE SIGNED 3/26/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH-28-1955	
24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-28-55		REGISTRAR'S SIGNATURE newa minshall	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1331 BAYSH CREEK KANSAS CITY, MO.	

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

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..... *Edward M. Stone*

Licensed Embalmer No. *445*

P. O. Address *K. C. 10*

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.