

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22710

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>112</u>			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Richland Rt. 2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memo. Hosp.</u>				• STREET ADDRESS (If rural, give location) <u>12 Mi. East On H. W. 66</u>				<u>0530</u>	
3. NAME OF DECEASED (Type or Print) <u>Gustaf</u>			a. (First) _____		b. (Middle) <u>H</u>		c. (Last) <u>Olson</u>		
4. DATE OF DEATH <u>July 11 1955</u>				5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 1 1887</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motel Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pepin Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Nels W. Olson</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Olson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>477-07-8552</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Olson</u>				ADDRESS <u>Richland Mo. Rt. 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wernia</u> ANTECEDENT CAUSES <u>Glomerulonephritis</u> Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 days</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____			
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"/>		22. I hereby certify that I attended the deceased from <u>July 6, 1955</u> to <u>July 10, 1955</u> , that I last saw the deceased alive on <u>July 10, 1955</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. C. Cunningham, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>7-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-14-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		424- 51 24e. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u>		ADDRESS <u>Lebanon Mo.</u>			

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

Received 7-18-55

Laclede County Health Unit

File No. 112

Date Filed 7-18-55

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 S. P. Pulmon

Licensed Embalmer No. 236

P. O. Address Labanon

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.