

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38889**

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 5837		Registrar's No. 121		
1. PLACE OF DEATH a. COUNTY Newton, West Beaton Twp. b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN On Highway in route to Hosp. c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION by Ambulance				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman d. STREET ADDRESS (If rural, give location) 0600 /				
3. NAME OF DECEASED (Type or Print) Elmer Olson a. (First) Elmer b. (Middle) Olson c. (Last) Olson			4. DATE OF DEATH Nov. 27, 1956 (Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 30, 1880		
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Seneca, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Seneca, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Nelson Olson			13b. MOTHER'S MAIDEN NAME Sophia (Unknown)			14. NAME OF HUSBAND OR WIFE Manie Olson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Manie Olson Goodman, Missouri.				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of Brain INTERVAL BETWEEN ONSET AND DEATH 30 min ANTECEDENT CAUSES 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. RESIDENCE OF SUICIDE VICTIM (Specify) Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Goodman McDonald Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-27-56 10 A.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted						
22. I hereby certify that I attended the deceased from 11-18, 1956 , to 11-27, 1956 that I last saw the deceased alive on 11-27, 1956 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. W. Blanshenski M.D.				23b. ADDRESS Anderson Mo.		23c. DATE SIGNED 11-28-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/27/56		24c. NAME OF CEMETERY OR CREMATORY New Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Anderson Rt. 2 Mo.		
DATE REC'D BY LOCAL REG. 12-4-56		REGISTRAR'S SIGNATURE Melvin C. Bowman			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Papp Anderson, Mo.			

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

RECEIVED

District Health Officer No. Newton
District File Number 1256-208
Date Filed DEC 7 1958

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
Student Embalmer

Signed Carl Ralph

Licensed Embalmer No. 3458

P. O. Address Anderson, 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 this body is not embalmed, fact should be so stated above.