

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42533**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington	c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Ellington	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 Ellington-Hia Home		e. STREET ADDRESS (If rural, give location) Ellington, Mo. 6900	

3. NAME OF DECEASED (Type or Print) a. (First) Victor	b. (Middle) MARKS	c. (Last) OLSON	4. DATE OF DEATH (Month) (Day) (Year) 12-10-56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	8. DATE OF BIRTH Sept 2 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY Gen. Labor	11. BIRTHPLACE (City and State or Foreign Country) Tiosa, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John A. Olson	13b. MOTHER'S MAIDEN NAME Nancy McCumber	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Myrtle Cory, 132 E. Liberty Cincinnati Ohio	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senility 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"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **June 55**, 19____, to **Dec 10**, 19**56**, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth J Carter, MD	23b. ADDRESS Ellington Mo	23c. DATE SIGNED Dec 14/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-13-56	24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	24d. LOCATION (City, town, or county) (State) Ellington Mo
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DATE REC'D BY LOCAL REG. Dec 31-56	REGISTRAR'S SIGNATURE Fessie Evans	25. FUNERAL DIRECTOR'S SIGNATURE Coleman McSpencer	ADDRESS New Buren, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 1-2-57
Reynolds County Health
File No. 157-1

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 Allen C. McFadden.....

Licensed Embalmer No. 454.....

P. O. Address Van Buren.....

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.