

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33125

STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 Main St.		d. STREET ADDRESS 105 Main St.	
Length of stay in lb 56 yrs		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First GEORGE Middle LEWIS Last OLMSTEAD			4. DATE OF DEATH Month SEP Day 16 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 9 1877
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 7 Days 8 Hours 2 Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co. Wheeling, W. Va.	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles C Olmstead	
14. MOTHER'S MAIDEN NAME. Sarah Hammer		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. 490-03-129		17. INFORMANT Address Myron Olmstead (son) Same	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphosarcoma			INTERVAL BETWEEN ONSET AND DEATH 15 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June, 1956 to Sept. 14, 1957 and last saw her him alive on 9/14/57 Death occurred at 11:25 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edith Rudloff</i> (Degree or title) MD		22b. ADDRESS Bonne Terre, Mo.	
22c. DATE SIGNED 9/20/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 19-57	
23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR BOYER-BENHAM		25. DATE RECD. BY LOCAL REG. Sept. 20, 1957	
ADDRESS Bonne Terre, Mo.		26. REGISTRAR'S SIGNATURE <i>Edith Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Director, coroner, arc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 1 1951

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 *B. T. Sawyer*

Licensed Embalmer No. 36

P. O. Address DESLOGE,

.Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.