

Health,
Welfare
Public
Service

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010113

STATE FILE NUMBER

1141

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1141

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR TRINITY LUTHERN INSTITUTION		d. STREET ADDRESS 3820 MAIN	
Length of stay in lb 29 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGE Middle EMILE Last OLSON			4. DATE OF DEATH Month MAR. Day 1 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-14-1899	9. AGE (In years last birthday) 59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Saver Maint. Co.		11. BIRTHPLACE (City and state or country) St Joseph, Mo		
13. FATHER'S NAME Edward P. Olson		14. MOTHER'S MAIDEN NAME Hilma Erickson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army WW#1		16. SOCIAL SECURITY NO. 495-07-0123		17. INFORMANT Mrs Sanford Lybarger Address 8015 High Drive		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 16 1/2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastases to		DUE TO (c) head, spinal column, liver etc.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			

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 Kansas City, Jackson, Mo.			

21. I attended the deceased from Sept 1-57 to March 1-58 and last saw ^{him} alive on 2-28-58 Death occurred at 6:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James C. Walker M.D.		22b. ADDRESS 318 Prof Bldg TC MO		22c. DATE SIGNED 3-1-58	

23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-4-58		23c. NAME OF CEMETERY OR CREMATORY Northlawn Nat Cem, Lawrence, Kansas		23d. LOCATION (City, town, or county) (State) Lawrence, Kansas	
24. FUNERAL DIRECTOR Melody M. Gilly Lyles ADDRESS 1800 E. Kinwood Blvd.		25. DATE RECD. BY LOCAL REG. 3-3-58		26. REGISTRAR'S SIGNATURE Neve Marshall		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
James C. Walker

MAR 28 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John C. Johnson*

Licensed Embalmer No. 50

P. O. Address *July*

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.