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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020925
STATE FILE NUMBER 59

FILED JUN 23 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN Albany — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Gentry County Memorial Hosp. — Length of stay in Ib 3 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN Albany — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 604½ E. Clay — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Bercy Middle Ella Last Olson
4. DATE OF DEATH Month June Day 14 Year 1959
5. SEX F
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH Dec. 1, 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nursing
10b. KIND OF BUSINESS OR INDUSTRY medicine
11. BIRTHPLACE (City and state or country) Freeborn, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ira Herbert Seath
13b. MOTHER'S MAIDEN NAME Lucy Jane Challis
14. NAME OF HUSBAND OR WIFE Axel Olson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----------
17. INFORMANT Mrs. J. M. Price, Address Albany, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — 9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 6/14/59 to 6/14/59 and last saw her alive on 6/14/59
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. M. Newman M.D. (Degree or title)
22b. ADDRESS Albany, Missouri
22c. DATE SIGNED 6/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 6/16/1959
23c. NAME OF CEMETERY OR CREMATORY Freeborn
23d. LOCATION (City, town, or county) Freeborn (State) Minnesota

24. FUNERAL DIRECTOR Clifford Brooks, ADDRESS Albany, Mo.
25. DATE RECD. BY LOCAL REG. 6-16-59
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

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 ....me...., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Donald E. Coshell

Licensed Embalmer No. 4868

P. O. Address Albany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.