

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59-038783

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 377

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Length of stay in 1b | c. CITY OR TOWN Kirksville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) RFD # 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Alfred Middle L. Last Olson | | | 4. DATE OF DEATH Month Dec. Day 8, Year 1959 | | |
| 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 Mar. 3, 1880 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | 11. BIRTHPLACE (City and state or country) Sac County, Iowa | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Don't know | | 13b. MOTHER'S MAIDEN NAME don't know | | 14. NAME OF HUSBAND OR WIFE Mrs. Mae Olson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Glen Olson Address Emerson, Iowa | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 30 days |
| DUE TO (b) General Arteriosclerosis | | UNKNOWN |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Irritation sigmoid colon - Early Dementia - Arthritis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | 20b. SUICIDE <input type="checkbox"/> | 20c. 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 _____ | | | | |

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|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED 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 11-27-59 to 12-8-59 and last saw ^{her} him alive on 12-7-59 Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 21. SIGNATURE Paul Laughlin Jr. D.D. (Degree or title) | 22b. ADDRESS Kirksville, Mo. | 22c. DATE SIGNED 12-9-59 |
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|---|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/10/59 | 23c. NAME OF CEMETERY OR CREMATORY Highland Park | 23d. LOCATION (City, town, or county) Kirksville, Mo. |
| 24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-11-1959 | 26. REGISTRAR'S SIGNATURE Doris W. Ratliff |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Harris

Licensed Embalmer No. 4219

P. O. Address Fiskville,

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.