SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-037128

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5169

FILED OCT 27 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 51 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 311 South White Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JENNY Middle: S. Last: OLSON

4. DATE OF DEATH Month: October Day: 15, Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 10, 1887
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (City and state or country): Sweden
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ellis Olson
13b. MOTHER'S MAIDEN NAME: Brita Carlson
14. NAME OF HUSBAND OR WIFE: - - -

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. Anna C. Rosenquist, Address 311 South White, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular Insufficiency	2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	5 yrs
DUE TO (c)	Chronic Heart Failure	3+ yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Jan 60, to present and last saw her alive on 10-15-61. Death occurred on the date stated above, and to the best of my knowledge, from the causes stated.

George K. Boyd MEDICAL CERTIFICATION

22a. SIGNATURE George K. Boyd M.D. (Degree or title)
22b. ADDRESS 5111 Independence
22c. DATE SIGNED 10-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 17, 1961
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State): Jackson County, Missouri

24. FUNERAL DIRECTOR: FREEMAN MORTUARY ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-16-61
26. REGISTRAR'S SIGNATURE: Ruth K. Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

OF PARKVIEW DRUG

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_____ Signed Ralph O. Grubb

Signature of Student Embalmer

Licensed Embalmer No. 5004

P. O. Address K. C. 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.