

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039835

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. \_\_\_\_\_ Registrar's No. 63

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Shelby</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tigerfork</u>		Length of stay in 1b <u>7 yrs</u>		c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Yes <input type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>5 1/2 mi. N.E. of Bethel, Mo.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> First Middle Last <u>Olaf Bernard Olson</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Sept. 23, 1961</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 15, 1891.</u>	
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Electrician</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and state or country) <u>Lockport, Illinois</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>Andrew Olson</u>			
13b. MOTHER'S MAIDEN NAME <u>Hannah Johnson</u>				14. NAME OF HUSBAND OR WIFE <u>Louise Olson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT Address <u>Mrs Louise Olson, Bethel, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of pancreas</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
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) <u>Arteriosclerotic heart disease</u>						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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 Month, Day, Year a.m. p.m.							
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 <u>Jan 1956</u> to <u>present</u> and last saw <u>him</u> alive on <u>Sept 21, 1961</u> Death occurred at <u>9:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas A. Buckley MD</u>				22b. ADDRESS <u>Shelby, Mo</u>		22c. DATE SIGNED <u>10/10/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 26, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Zion</u>		23d. LOCATION (City, town, or county) (State) <u>1mi. West of Bethel, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>C.W. Musgrove, Bethel, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 12 - 1961</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 17 1961

**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, \_\_\_\_\_

Licensed Embalmer No. 2719  
P. O. Address Bethel 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.