

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013055

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2960

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
		ST. LOUIS, MISSOURI		9 weeks	Missouri		Jasper	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits	c. CITY OR TOWN		Inside Limits	
BARNES HOSPITAL				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Joplin		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
					d. STREET ADDRESS		Reside on Farm	
					2519 Pearl St.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		
HARRY			Soloman		OLSON	Month	Day	Year
						MARCH	17	1962
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR
Male	White		June 7 1896		65	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
Warehouse Foreman		Kansas City Southern		Joplin, Missouri		USA		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
Earlan Solomon Olson			Rosy O'Hara			Gladys Marie Olson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address			
YES			W 1		Charles O'Keefe 1916 South Center, Terre Haute, Ind.			
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) THIRD DEGREE BURNS OF 40% OF BODY								2 MONTHS
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)								PART III. If deceased was female was there a pregnancy in last 90 days.
349-62								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED?		20a. ACCIDENT		SUICIDE	HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		PATIENT SUFFERED FLASH BURNS FROM ALCOHOL LAMP	
20c. TIME OF INJURY		Hour	Month, Day, Year	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY
??		p.m.	1/17/62	EXPLOSION		JOPLIN		MISSOURI
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		65	RAILROAD COMPANY		JAN. 30, 1962		MARCH 17, 1962	
21. I attended the deceased from		11:35 P.M.		to		MARCH 17, 1962		and last saw her/him alive on
								MARCH 17, 1962
22a. SIGNATURE		(Degree or title)		22b. ADDRESS		22c. DATE SIGNED		
C. O. Vermillion, M. D.		M. D.		BARNES HOSPITAL		3/18/62		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
Removal (Auto)		3-18-62		Mt. Hope Cemetery		Joplin, Missouri		
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
Steve Parker Funeral Home, Joplin, Mo.			MAR 19 1962		Earl Smith, M.D.			

MAR 29 1962

APR 12 1962

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address H. L. Davis
March 18, 1962

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.