

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0022908

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clinton

Length of stay in 1b

days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Clinton General

Inside limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

c. CITY
OR
TOWN

Leeton

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

RFD 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

HENRY

First

OLSON

Last

4. DATE
OF
DEATH

July 9, 1964

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/24/76

9. AGE (last birthday)

87

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)

Farmer, Retired

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Houston, Minn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Tore Olson

13b. MOTHER'S MAIDEN NAME

Elizabeth Jacobson

14. NAME OF HUSBAND OR WIFE

Mary Campbell Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs Joe Bowman, Warrensburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN

ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

Congestive heart failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
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

Death occurred at

6/30/64

to

7/9/64

and last saw him alive on

7/9/64

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.B. Hughes

M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

7/10/64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

July 12, 64

23c. NAME OF CEMETERY OR CREMATORY

Sutton Cemetery

23d. LOCATION (City, town, or county)

Johnson Co. Missouri

(State)

24. FUNERAL DIRECTOR

Sweeny-Phillips

ADDRESS

Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

July 10, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 0435

2 0510

3

4 0

5 0

6

7 1

8 2

9 4/9/1x

10

11

12 1-0

13 1-0

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. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.

Permit

Obtained

9-10-64

M.B.