

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26373**
Registrar's No. **25**

BIRTH NO. _____ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **4091**

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) Fremont	c. LENGTH OF STAY (in this place) all life	c. CITY (If outside corporate limits, write RURAL and give township). Fremont	
d. FULL NAME OF HOSPITAL OR INSTITUTION own home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Eva b. (Middle) Lee c. (Last) Olsen			4. DATE OF DEATH (Month) (Day) (Year) Aug 23 49
5. SEX F	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 20 1902
9. AGE (In years Last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	11. BIRTHPLACE (State or foreign country) Ripley Co Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J.H. Marlin		13b. MOTHER'S MAIDEN NAME Ethel Tucker	14. NAME OF HUSBAND OR WIFE Eddie Olsen
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.	17. INFORMANT'S SIGNATURE OR NAME Claudia Williams ADDRESS Fremont Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 181X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7-8 , 1949, to 8-23 , 1949, that I last saw the deceased alive on 8-21 , 1949, and that death occurred at 2:30 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank J. Pucinski, D.O.		23b. ADDRESS 1511 N. Van Buren, Mo.	23c. DATE SIGNED 8-24-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 25 1949	24c. NAME OF CEMETERY OR CREMATORY Fremont	24d. LOCATION (City, town, or county) (State) Fremont Mo
DATE REC'D BY LOCAL REG. Aug 24-49	REGISTRAR'S SIGNATURE Mrs Oeta Hausour	25. FUNERAL DIRECTOR'S SIGNATURE Seaton Pruitt	ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1800

RECEIVED 8/27/49
District Health Officer No. 5,
District File Number 949577
Date Filed 9/1/49

OCT 14 1949

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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.

Signed Seaton Pewitt

Signed _____
Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren m

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 this body is not embalmed, fact should be so stated above.