

FILED APR. 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13175**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1688**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 12 yrs		d. STREET ADDRESS (If rural, give location) 1724 Lydia Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) OLLISON		c. (Last) OLLISON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 9 1950	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCTOBER 16 1892	
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) BURDOCK, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME JOE OLLISON		13b. MOTHER'S MAIDEN NAME SARAH TATE		14. NAME OF HUSBAND OR WIFE unknown	
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'S SIGNATURE OR NAME ALEX H. GAINES	
				ADDRESS 1724 Lydia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FAR ADVANCED BILATERAL TUBERCULOSIS		ANTECEDENT CAUSES WITH CAVITATION					
		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.				002h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **4-6-** 19 **50**, to **4-9-** 19 **50**, that I last saw the deceased alive on **4-9** 1950, and that death occurred at **12:30P** m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-11-50		24c. NAME OF CEMETERY OR CREMATORY Highland	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 4-10-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros.	
				ADDRESS 1729 Lydia	

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

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.