

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27126

State File No. 3480

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3480</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		OR TOWN <u>0484</u>		d. STREET ADDRESS (If rural, give location) <u>218 W. So Side Blvd.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				3. NAME OF DECEASED a. (First) <u>OLGA</u>		b. (Middle) <u>A.</u>		c. (Last) <u>SPAULDING</u>			
4. DATE OF DEATH <u>8-12-50</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 14-1897</u>			
9. AGE (In years last birthday) <u>52</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Minn. Minn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Ole Korbol</u>			13b. MOTHER'S MAIDEN NAME <u>Olivia Gunderson</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph A. Spaulding</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph A. Spaulding, Independence, Mo</u>					ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Infection</u>				DUE TO (c) <u>Peritonitis - gangrenous appendix</u>				55 d			
19a. DATE OF OPERATION <u>8-2-50</u>				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 <u>Aug 4, 1950</u> , to <u>Aug 12, 1950</u> , that I last saw the deceased alive on <u>Aug 12, 1950</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>James A. Di Renna</u> (Degree or title)					23b. ADDRESS <u>929 Bryant Bldg.</u>			23c. DATE SIGNED <u>8-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>8-14-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>George Anderson</u> ADDRESS <u>Independence, Mo</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

*Floyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence*

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.