

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20843

0732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> 0732	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>414 So. JEFFERSON ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>414 So. JEFFERSON ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> b. (Middle) <u>L.</u> c. (Last) <u>OLSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1951</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>JULY 28 1907</u>
9. AGE (In years last birthday) <u>43</u>	10. MONTHS <u>11</u>	11. DAYS <u>0</u>	12. IF UNDER 1 YEAR Hours Min.
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>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Ft. Scott KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT C. YOUNG</u>	13b. MOTHER'S MAIDEN NAME <u>ARMINTA KELLEY</u>	14. NAME OF HUSBAND OR WIFE <u>ROY E. OLSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Spine</u> ANTECEDENT CAUSES <u>with metastases</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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 <u>May 26, 1950</u> , to <u>June 28, 1951</u> , that I last saw the deceased alive on <u>June 28, 1951</u> , and that death occurred at <u>3:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Purdie, M.D.</u> (Degree or title)		23b. ADDRESS <u>Neosho, Neosho Mo.</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>June 29 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6-30-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHAPEL GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>Ft. Scott KANSAS</u>
DATE REC'D BY LOCAL REG. <u>June 30, 1951</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carley Thompson Co. Neosho Mo.</u>	

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

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No.                       
District File Number 951-164  
Date Filed 7/5/51

**NEOSHO, MISSOURI**

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed A. Kenneth Patterson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Neosho, 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 this body is not embalmed, fact should be so stated above.