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FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27577  
State File No. 27577  
3262  
Registrar's No. 3262

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) c. LENGTH OF STAY (in this place)  
TOWN KANSAS CITY 18 days 4 DAYS  
75 TOWN KANSAS CITY  
d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL NO. ONE  
e. STREET ADDRESS (If rural, give location) 5331 HIGHLAND 375 8  
- ADDRESS \*#\*

3. NAME OF DECEASED a. (First) MARIE b. (Middle) c. (Last) OLCOTT  
4. DATE OF DEATH (Month) (Day) (Year) 7-10-54

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 2 OCT. 4, 1866  
9. AGE (In years last birthday) 87 10. UNDER 1 YEAR Months Days 11. UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE  
10b. KIND OF BUSINESS OR INDUSTRY \*)\*  
11. BIRTHPLACE (City and State or Foreign Country) COUNTY, MEATH, IRELAND 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME STEPHEN ROE 13b. MOTHER'S MAIDEN NAME CATHERINE MULVANEY 14. NAME OF HUSBAND OR WIFE JAMES A. OLCOTT--DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. NONE  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS NEPHEW--ANDREW N. DAVIS, 2901 W. 49th TERR

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BRONCHOPNEUMONIA  
INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
DUE TO (b) PULMONARY EDEMA  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) CARDIC FAILURE - fracture of hip  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
E9000 20

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home for eye  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas city Jackson, mo. 123

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-6-54  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? fell on floor.

22. I hereby certify that I attended the deceased from 7-6-1954, to 7-10-1954, that I last saw the deceased alive on 7-10-1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns MD (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 7-12-54 24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

DATE REC'D BY LOCAL REG. 7-12-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK AND TOBIN -20 W. Linwood, K.C. MO

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

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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, osby....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Forest O. Caldwell.....

Licensed Embalmer No. 471.....

P. O. Address K.C. 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.