

STANDARD CERTIFICATE OF DEATH

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BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **3030** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. LENGTH OF STAY (in this place) 0502		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 107 Chestnut St.			e. STREET ADDRESS (If rural, give location) 107 Chesnut St		

3. NAME OF DECEASED (Type or Print) Albert Lee (James) Olmstead		4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1954	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 8, 1912	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Projectionist	10b. KIND OF BUSINESS OR INDUSTRY Movie Theatre	11. BIRTHPLACE (City and State or Foreign Country) Festus, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Olmstead	13b. MOTHER'S MAIDEN NAME Josephine Bond	14. NAME OF HUSBAND OR WIFE Alta Vinyard
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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. 490-11-7247-02A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alta Olmstead, Festus, Mo.	ADDRESS Festus, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) Hemiplegia due to previous cerebral Hemorrhage		20 years 6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-19, 1954**, to **8-16, 1954**, that I last saw the deceased alive on **8-16, 1954**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Gaskit M.D.	(Degree or title)	23b. ADDRESS 1028 Wain Festus Mo	23c. DATE SIGNED 8-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/18/54	24c. NAME OF CEMETERY OR CREMATORY Methodist	24d. LOCATION (City, town, or county) (State) Festus, Mo
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DATE REC'D BY LOCAL REG. Aug 19, 1954	REGISTRAR'S SIGNATURE John N. Stoll	502	25. FUNERAL DIRECTOR'S SIGNATURE H. Vinyard Festus Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 24 1954

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 301

P. O. Address *Federal 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.