

FILED NOV 15 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32984

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

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5104 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW (RURAL)</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>WARSAW</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			e. STREET ADDRESS (If rural, give location) <u>Town - Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WALTER</u> c. (Last) <u>OLCOTT</u>			4. DATE OF DEATH: (Month) (Day) (Year) <u>Nov. 10 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4 1892</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR <u>2</u> MONTHS <u>6</u> DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. minister & farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>ALANSON B. OLCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Julia OLCOTT</u>	14. NAME OF HUSBAND OR WIFE <u>NORA LIKENS OLCOTT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>487-05-8309</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Likens OLCOTT</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES <u>Cerebro-Vascular Accident</u> DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> <u>11 Days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			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) m.	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>30 Oct., 1954</u> , to <u>10 Nov., 1954</u> , that I last saw the deceased alive on <u>9 Nov., 1954</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>David H. Glenn M.D.</u> (Degree or title)		23b. ADDRESS <u>WARSAW Mo</u>		23c. DATE SIGNED <u>12 Nov 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Meriel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 12-1954</u>	REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reser</u>		ADDRESS <u>Warsaw</u>	

NOV 29 1931 6 2 A.M.

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.....
John J. Reser

Licensed Embalmer No. 409

P. O. Address... Wausau

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.