

## STANDARD CERTIFICATE OF DEATH

37539

State File No. \_\_\_\_\_

FILED DEC 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5136

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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>45 yrs. 11 mos.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			STREET ADDRESS (If rural, give location) <u>4725 Wyoming</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustav</u> b. (Middle) <u>F.</u> c. (Last) <u>Olsen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 6 54</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>May 20, 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter-Decorator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Edward Keith</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Charles F. Olsen</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Magnuson</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Olsen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-05-8923</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Olsen, K. C. Missouri.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic and old myocardial infarct left ventricle</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary atherosclerosis, severe</u> DUE TO (c) <u>Calcific aortic stenosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of heart, Cardiac failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
19a. DATE OF OPERATION	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>10-19, 1954</u> , to <u>11-6, 1954</u> that I last saw the deceased alive on <u>11-6, 1954</u> and that death occurred at <u>11:06 AM</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>L. M. Shapiro</u> (Degree or title)			23b. ADDRESS <u>MD 701663 Sault 201</u>		23c. DATE SIGNED <u>11/6/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Moriah Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-6-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K.C. Kans.</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.....  
Signature of Student Embalmer

Signed *Guy A Shelton*  
Licensed Embalmer No... 4700

P. O. Address .....

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.