

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8350**

**1005**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>40 YEARS</b>		STREET ADDRESS (If rural, give location) <b>104 4027 TROOST AVENUE 3648</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4027 TROOST AVENUE</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>RANDLE</b>	c. (Last) <b>OLSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 3, 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 27, 1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DISPATCHER &amp; TOWER MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>N. C. TERMINAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ATCHISON, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE OLSON</b>	13b. MOTHER'S MAIDEN NAME <b>CHRISTINE MANSON</b>	14. NAME OF HUSBAND OR WIFE <b>MINNA C. OLSON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>703-03-8073</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minna C. Olson, 4027 Troost Ave, KC, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 hours</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Feb., 1949, to Mar. 3, 1955, that I last saw the deceased alive on Feb. 18, 1955, and that death occurred at 8:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>T. Reid Jones</b>	Reid Jones (Degree or title) <b>MD</b>	23b. ADDRESS <b>1107 Bryant Bldg</b>	23c. DATE SIGNED <b>3.4.55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	24b. DATE <b>3-5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. VERNON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ATCHISON KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>3-5-55</b>	REGISTRAR'S SIGNATURE <b>new munsell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. W. Newcomer</b>	ADDRESS <b>1331 SAUGH CREEK KANSAS CITY, MO.</b>
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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, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Fanshawe*.....

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.