

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25389

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 898

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Elk Horn</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 HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		STREET ADDRESS (If rural, give location) <u>East St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Olson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 18, 1955</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 4, 1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Peter Peterson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ole Peter Olson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emmert Olson, R.R.#2 Exira, Iowa</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, asthenia, 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) <u>Injury received in automobile collision</u>		
	ANTECEDENT CAUSES Morbid 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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #36 near Buchanan</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>o/k COUNTY</u> (STATE) <u>Rural, Marion Twp., Buchanan Missouri</u>
21d. TIME OF INJURY <u>August 17, 1955 10:45A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile collision</u>
22. I hereby certify that I attended the deceased from <u>viewed</u> on <u>August 18, 1955</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.		

23. SIGNATURE <u>B. W. Tardiff M.D.</u> (Degree or title) Acting coroner	23b. ADDRESS <u>703 S. 13th, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>8/18/1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>8/18/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinballton, Iowa</u>

DATE REC'D BY LOCAL REG. <u>Aug 22, 1955</u>	REGISTRAR'S SIGNATURE <u>Stephen M. Allison</u> 485 (Licensed Embalmer's Statement on Reverse Side)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston Bowman St Joseph, Mo.</u>
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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.....  
*James B. Hawkins*

Licensed Embalmer No. 453

P. O. Address 319 So 10<sup>th</sup> St

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.