No. 300
10-48

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25430

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 897

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Marion Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 mi. east on highway #36

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Shelby
c. CITY OR TOWN: Elk Horn
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): East Streett

814 0 8

3. NAME OF DECEASED (Type or Print)
a. (First): Ole
b. (Middle): Peter
c. (Last): Olson

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: October 4, 1878
9. AGE (In years last birthday): 76 — 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): farm
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and State or Foreign Country): Audubon County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Peter Olson
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Elsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Emmert Olson, R.R. #2, Exira, Iowa — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injury received in automobile collision — INTERVAL BETWEEN ONSET AND DEATH

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 [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #36
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural, Marion Twsp — Buchanan — Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 17, 1955 10:15AM
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? automobile collision

22. *I hereby certify that I attended the deceased from* August 17 *19* 55 *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 10:15AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. W. Tadlock (M.D.) — (Degree or title): acting coroner
23b. ADDRESS: 703 S. 13th St., St. Joseph, Mo
23c. DATE SIGNED: 8/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 8/18/1955
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kimballton, Iowa

DATE REC'D BY LOCAL REG.: Aug. 22, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman — ADDRESS: St Joseph, Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 45

P. O. Address 3198 10th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.