

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

42403

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY OR TOWN <b>St. James</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)		e. STREET ADDRESS (If rural, give location) <b>211 Florine</b>		0810	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Phelps Co. Memorial Hospital</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>May</b>			b. (Middle) <b>Belle</b>			c. (Last) <b>Olsen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 2, 1899</b>			9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 1 YEAR Days <b>3</b>	IF UNDER 1 HRS. Hours <b></b>	IF UNDER 1 HRS. Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Phelps Beckham</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Hardesty</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Olsen</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-38-1358</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theresa Dickerson, 3349a So. Jeffers</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
		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 <b>no surgery</b>			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) <b>4201</b>		
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 Dec 1, 1956 to Dec 5, 1956 that I last saw the deceased alive on Dec 5, 1956, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. D. Stricker MD.</b>		23b. ADDRESS <b>St James Mo</b>		23c. DATE SIGNED <b>12-7-56</b>	
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24a. BURIAL (CREMATION-REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Dec 10 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. James, Mo.</b>	
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DATE REC'D BY LOCAL REG <b>Dec 10, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gene Gahr 290 So. M. James St. James Mo.</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

380

RECEIVED

Phelps County Health Officer,

County File Number 602

Date Filed DEC 17 1938

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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 *C. James Gahr*

Licensed Embalmer No. 4486

P. O. Address *St. James, Mo.*

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.