

Health,
& Welfare
S. Public
Health Service

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40522
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5573

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City <i>615 1/2</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp.		Length of stay in 1b 2 wks	d. STREET ADDRESS 1548 S. 37th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Winfred C. Olson			4. DATE OF DEATH Month Day Year Nov. 24 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1893	9. AGE (In years at birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY Union Pac. R.R.	11. BIRTHPLACE (City and state or country) Topeka, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. C. Comstock	13b. MOTHER'S MAIDEN NAME Edna DeWolf	14. NAME OF HUSBAND OR WIFE Oscar L. Olson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 712 05 6638	17. INFORMANT Mr. Oscar L. Olson	Address 2408 S. 37th Ks. Kansas City
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Diabetes Mellitus</u>	
	DUE TO (c) <u>Arteriosclerotic & hypertensive</u>	<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If any, list them in this space in PART II.) <u>Coronary atherosclerosis</u>		WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>11-11-57</u> to <u>11-23-57</u> and last saw her alive on <u>11-23-57</u> Death occurred at <u>4:30</u> <u>4</u> m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Emery R. Calovich, MD</u>	(Degree or title)	22b. ADDRESS <u>4620 Nichols Pl</u>	22c. DATE SIGNED <u>11-25-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 26 1957	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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24. FUNERAL DIRECTOR Simmons Funeral Home KCK	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-25-57</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Emery R. Calovich MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Max G. Meyer*

Licensed Embalmer No. *4555*
P. O. Address *K.C. 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.