

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005761  
STATE FILE NUMBER  
672  
Registrar's No.

FILED MAR 3 - 1958

Registration District No. 149 Primary Registration District No. 1002

300 0  
-57

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>		Length of stay in lb <b>40 Yrs.</b>	STREET ADDRESS (If outside, give location) <b>1103 Monroe</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>C</b> Last <b>OLSEN</b>			4. DATE OF DEATH Month <b>2</b> Day <b>5</b> Year <b>1958</b>		
5. SEX <b>Male</b> <input type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 23 1883</b>	9. AGE (In years last birthday) <b>74</b>	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mid Central Fish Co</b>		11. BIRTHPLACE (City and state or country) <b>Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		13a. FATHER'S NAME <b>Chris Olsen</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Bessie Olsen</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486 05 5241</b>	
17. INFORMANT <b>Mrs. Bessie Olsen 1103 Monroe - K. C. Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease &amp; congestive failure</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>old cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>2 wks</b> <b>42-0</b>	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <b>2-4-58</b> to <b>2-5-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>2-5-58</b> Death occurred at <b>1:35 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Wilson H. Miller, M.D.</b>		22b. ADDRESS <b>4620 Dodge Ave Kansas City, Mo.</b>		22c. DATE SIGNED <b>2-7-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-8-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	
23d. LOCATION (City, town, or county) <b>Kansas City</b>		23e. STATE <b>Missouri</b>			
24. FUNERAL DIRECTOR <b>FLORAL HILLS MEM. CHAPELS, INC K.C.MO</b>		25. DATE RECD. BY LOCAL REG. <b>2-8-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease in item 18 must be causally related.

Wilson H. Miller



*William  
D. App. Ave.  
6:00 P.M.*

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 *[Signature]* .....  
Licensed Embalmer No. *3938* .....  
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.