

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014376
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1829

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MARX'S HOSPITAL</u>		Length of stay in 1b <u>35</u> YRS.	d. STREET ADDRESS <u>144 SOUTH KENSINGTON</u>

3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>CLARK</u> Last <u>OLSEN</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 24, 1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. PAC. RAILROAD</u>	11. BIRTHPLACE (City and state or country) <u>JUNCTION CITY, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER M. OLSEN</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA CARR</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA MAY OLSEN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT Address <u>ROBERT M. OLSEN CANADA</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>uremia</u>		<u>8 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>nephritis, acute, bilateral</u>	<u>8 days</u>
	DUE TO (c) <u>hypertension</u>	<u>3-4 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. 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.)
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>MO.</u>	COUNTY <u>MO.</u>	STATE <u>MO.</u>
21. I attended the deceased from <u>3/31/58</u> to <u>4/7/58</u> and last saw <u>him</u> alive on <u>April 7, 1958</u> Death occurred at <u>11:35</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>J. E. Castles</u> (Degree or title)	22b. ADDRESS <u>M.D. 1002 Argyle Building, K.C. 6, Mo.</u>	22c. DATE SIGNED <u>4/8/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4-10-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GYPSUN HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SALINA, KANSAS</u>
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24. FUNERAL DIRECTOR <u>C. H. Blackman & Son Inc. K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-9-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. E. Castles

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 *W.C. Benine*

Licensed Embalmer No. *4879*

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.