

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021278
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 71 Primary Registration District No. 5287 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minnesota b. COUNTY Henneput		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Minneapolis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION South of Ex, Springs,		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 2643 Humbolt Ave, So.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ole Middle J Last Olsen			4. DATE OF DEATH Month May Day 29 Year 1958		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 8, 1878		9. AGE (In years of birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Norway		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME *****		13b. MOTHER'S MAIDEN NAME *****		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mary Johnson, 2643 Humbolt Ave So, Minn, Minn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4201					
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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 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 COUNTY STATE	
21. I attended the deceased from 5/29/58 to 5/29/58 and last saw him XXXXXXXXXXXXXXXXXXXXXXXXXXXX Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R M Cracker (Degree or title) M. D.			22b. ADDRESS Excelsior Springs, Mo.		22c. DATE SIGNED 5/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-30-58	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park		23d. LOCATION (City, town, or county) (State) St. Anthony, Minnesota
24. FUNERAL DIRECTOR Richard Lual Home Co. Sprg. Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 6/3/58		26. REGISTRAR'S SIGNATURE Caroline Hutchings

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JUN 16 1958



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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*
P.O. Address *Spring, 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.