

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019555

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2882 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Length of stay in lb 70 yrs.		c. CITY OR TOWN KANSAS CITY 29		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3240 NORLEDGE NORTHEAST RESTORIUM			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 6821 LAUREL BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SOPHIA Middle S. Last OLSON				4. DATE OF DEATH Month MAY Day 26 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH OCT 16, 1869	9. AGE (last birthday) 90 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SWEDEN	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CARL ANDERSON			13b. MOTHER'S MAIDEN NAME CHRISTINE unknown		14. NAME OF HUSBAND OR WIFE JOHN E. OLSON Address		
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. NONE		17. INFORMANT REUBEN G. OLSON 6821 LAUREL AVE. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive + arterosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year 		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
21. I attended the deceased from 12-4-53 to 5-26-60 and last saw her <u>live</u> on 4-30-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wilson H. Miller, M.D.				22b. ADDRESS 4620 Independence Ave. Kansas City, Mo.		22c. DATE SIGNED 5-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 28, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM		23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. ADDRESS				25. DATE RECD. BY LOCAL REG. 5-27-60	26. REGISTRAR'S SIGNATURE Wes Minihall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF: **Wilson H. Miller**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.