

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035761

FILED VS SEP 16 1960

Registration District No. 290

Primary Registration District No.

Registrar's No.

123

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <b>Pulaski Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Calif.</b> b. COUNTY <b>San Mateo</b> admission) --	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cullen</b>		Length of stay in 1b ---	c. CITY OR TOWN <b>Menlo Park, Calif.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Unknown.</b>
3. NAME OF DECEASED (Type or print) First <b>ELEONOR</b> Middle <b>O.</b> Last <b>OLSON.</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>31,</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/5/1910</b>
9. AGE (last birthday) <b>50</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Chicago, Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frank Kostock.</b>	
13b. MOTHER'S MAIDEN NAME <b>Helen Helwig.</b>		14. NAME OF HUSBAND OR WIFE <b>Clifford L. Olson.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown.</b>	
17. INFORMANT <b>Brieske Funeral Home</b>		Address <b>2859 S. Port. Chicago Ill.</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>MASCERATION BRAIN</b>			INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
DUE TO (b) <b>Automobile Accident.</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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Automobile Accident.</b>	
20c. TIME OF INJURY Hour <b>2:30</b> a.m. <b>PM</b> Month, Day, Year <b>8 31 60</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy 66</b>	
20e. CITY, TOWN, OR LOCATION <b>Waynesville</b>		STATE <b>MISSOURI</b>	
21. I attended the deceased <b>on Aug. 31, 1960</b> , to _____ and last saw him alive on _____ Death occurred at <b>Approx. 12:30</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>[Signature]</b> (Degree or title) <b>County Coronor.</b>		22b. ADDRESS <b>Richland, Missouri</b>	
22c. DATE SIGNED <b>8/31/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/31/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridgewood Cemetery</b>	23d. LOCATION (City, town, or county) <b>Chicago, Ill.</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>8-31-60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
ADDRESS <b>Waynesville, Missouri</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 15 1960

DEC 15 1960

JUL 3 1960

SEP 30 1960

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 Clarence Moore

Licensed Embalmer No. 4894

P.O. Address Waynesville, N.C.

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.