MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029859
STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 131

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY: Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City
Length of stay in 1b: 29 dys

c. CITY OR TOWN: Aurora
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jane Chinn Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 107 E Myrtle
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CHRIS Middle: L Last: OLSEN

4. DATE OF DEATH: Month: September Day: 1 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-15-1878

9. AGE (last birthday): 83

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Denmark

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Olsen

13b. MOTHER'S MAIDEN NAME: Anna Marie Larsen

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Cecil Olsen
Address: Aurora, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 6 hours
DUE TO (c) Arteriosclerosis — 1 1/2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Benign Prostatic Hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 8-2-61 to 9-1-61 and last saw him alive on 9-1-61
Death occurred at 6:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lawson D.O.

22b. ADDRESS: Joplin Mo

22c. DATE SIGNED: 9-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-3-1961

23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery

23d. LOCATION (City, town, or county) (State): Aurora, Missouri

24. FUNERAL DIRECTOR: Oscar L. Marsh
ADDRESS: Aurora, Missouri

25. DATE RECD. BY LOCAL REG.: 9-4-61

26. REGISTRAR'S SIGNATURE: L. J. Lewis Jr. (Dep. Reg.)

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address _____

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.