

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020247

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2657 STATE FILE NUMBER

FILED MAY 20 1963

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) <u>KANSAS CITY</u>		Length of stay in 1b <u>61 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 WEST 86TH TERRACE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>609 WEST 98TH STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL OSCAR OLSON</u>			4. DATE OF DEATH Month Day Year <u>MAY 4TH 1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>CAUCASIAN</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>10-25-99</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER SASH & DOOR CO</u>		11. KIND OF BUSINESS OR INDUSTRY <u>OLSON'S SASH & DOOR CO</u>		12. CITIZEN OF WHAT COUNTRY <u>KANSAS U.S.A</u>	
13a. FATHER'S NAME <u>CHARLES OLSON</u>		13b. MOTHER'S MAIDEN NAME <u>IDA MAUREN</u>		13c. NAME OF HUSBAND OR WIFE <u>NIAMIE A. OLSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>NIAMIE A. OLSON - KANSAS CITY MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
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 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 Month, Day, Year a.m. p.m.	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	STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 5:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hugh H. Owens, Coroner</u>		22b. ADDRESS <u>152 Anita Street</u>		22c. DATE SIGNED <u>5-6-63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAY 7 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEALEMER'S SONS, KANSAS CITY MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-7-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1
 2 3+38
 3
 4 0
 5 1
 6
 7 1
 8 2
 9 4201
 10
 11
 12 90-3
 13
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 Hugh H. Owens

USE BLACK INK OR TYPEWRITER RIBBON

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K P W

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.

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