

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020248

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2753

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 29 1963	
<p>1. PLACE OF DEATH a. COUNTY <b>Jackson</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in 1b <b>7 1/2 Yrs.</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b></p> <p>c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>4016 Warwick</b> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <b>ELLEN CHRISTINE OLSON</b></p>	
<p>4. DATE OF DEATH Month Day Year <b>May 11, 1963</b></p>	
<p>5. SEX <b>Female</b></p>	<p>6. COLOR OR RACE <b>White</b></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>6-3-1900</b></p>
<p>9. AGE (last birthday) <b>62</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Standard Oil Co.</b></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>
<p>11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b></p>	
<p>12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b></p>	
<p>13a. FATHER'S NAME <b>John A. Olson</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>Bertha Pearson</b></p>
<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>	<p>16. SOCIAL SECURITY NO.</p>
<p>17. INFORMANT <b>John A. Olson</b> Address <b>Prairie Village, Kansas</b></p>	
<p>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>Acute cardiac failure + dissection Feb</b> DUE TO (b) <b>Carcinomatous</b> DUE TO (c) <b>Carcinoma both breasts</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>5 yrs</b></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>no</b></p>	
<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <b>Apr. 1957</b> to <b>May 11-63</b> and last saw her alive on <b>May 11 1963</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <b>James Pearson</b> (Deceased or title)</p>	<p>22b. ADDRESS <b>907 Prairie Blvd</b></p>
<p>22c. DATE SIGNED <b>5/12/63</b> (State)</p>	
<p>23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b></p>	<p>23b. DATE <b>5-12-63</b></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b></p>	<p>23d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b></p>
<p>24. FUNERAL DIRECTOR: <b>Freeman Mortuary</b> ADDRESS <b>Kansas City, Mo.</b></p>	<p>25. DATE RECD. BY LOCAL REG. <b>5-12-63</b></p>
<p>26. REGISTRARS SIGNATURE <b>Ruth Long</b></p>	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. JAMES TESSON  
TRINITY

**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 J. T. Tesson

Licensed Embalmer No. 2939

P. O. Address F. C. 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.