

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43213

State File No. \_\_\_\_\_

No. 300  
10.48

1952 DEC 23 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Flat River, Mo 6962</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>307 E. Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Maude</u> b. (Middle) <u>Estes</u> c. (Last) <u>Olson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. - 5 - 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White Cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 29-1888</u>		9. AGE (In years last birthday) <u>64-8-6</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Mr. William H. Mureted</u>		13b. MOTHER'S MAIDEN NAME <u>Sarahia Mahala Cunningham</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Robert Franklin Olson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Robert F. Olson</u> ADDRESS <u>307 E. Main St. Flat River Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure -</u>		DUE TO (b) <u>Chronic Endocarditis + Myocarditis</u>			<u>2 1/2 hours</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Gastro-Enteritis</u>			<u>7 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>48 hours</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 2, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 2:10pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Geo. L. Watkins M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>12-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Dec. 7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Bonne Terre</u>		24e. (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 16, 1952</u>		REGISTRAR'S SIGNATURE <u>Ethel Redleaf</u> <u>289-9</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u> ADDRESS <u>303 Cream St. Flat River, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAN 1 6 1953

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 .....

Student Embalmer

Signed

*Alvin W. Hood*

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat P

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 this body is not embalmed, fact should be so stated above.