

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41055

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

FILED JAN 4 1949

Registration District No. 275

Primary Registration District No. 5941

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rural - Miller Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 3 - Rolla 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. 2 Rolla  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME EDWARD C. LOVE

3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-15, 1948, to Dec 12, 1948  
that I last saw him alive on Dec 12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 7 hours

Due to Myocardial Degeneration

Due to Senility & Arteriosclerosis  
general

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 937

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Wm. Love (M.D. or other) DO.  
Address Rolla, Mo Date signed 12/11/48

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

MOTHER FATHER

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb 5, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 6 hr. min.

9. Birthplace Phelps, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Wm. Love

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mancy Sharrar

15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Love

(b) Address Rt. 3 Rolla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ranch Cemetery

18. (a) Signature of funeral director Wm. & Sons F. W.  
(b) Address Rolla, Mo.

19. (a) 12-18-48 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) 390

12/31/48

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.**