

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13362

86

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Spring Creek twp		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Spring Creek Twp						
d. FULL NAME OF HOSPITAL OR INSTITUTION Edgar Springs			d. STREET ADDRESS (If rural, give location) Edgar Springs						
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)	b. (Middle) GALASPY	c. (Last) CASE	4. DATE OF DEATH (Month) (Day) (Year) April 13, 1949				
5. SEX Male	6. COLOR OR RACE h.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed		8. DATE OF BIRTH April 18, 1875	9. AGE (In years last birthday) 73	10. MONTHS 1	11. DAYS 1	12. HOURS 1	13. MIN. 1
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 (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Barney Case			13b. MOTHER'S MAIDEN NAME Margaret Ross		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Collier, Edgar Springs, Mo.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exposure cold DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Apr. 4, 1949 , to Apr. 13, 1949 , that I last saw the deceased alive on 4-13, 1949 , and that death occurred at 2 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. T. Reel M.D.			23b. ADDRESS Edgar Springs, Mo.			23c. DATE SIGNED 4/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-15-49	24c. NAME OF CEMETERY OR CREMATORY Renaud Cem.		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.				
DATE REC'D BY LOCAL REG. 4-19-49		REGISTRAR'S SIGNATURE Nadine L. Stoeckel		380 25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.			

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4/28/49

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.

Signed Paul E. Null

Signed _____
Student Embalmer

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.