

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42011
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>163</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>11 1/2 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		800 17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland N. Home</u>				d. STREET ADDRESS (If rural, give location) <u>3220 Marwin Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle)			c. (Last) <u>Mitchell</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>12-11-1949</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>?</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
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 (State or foreign country) <u>Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George Ripley</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Rodes</u>		14. NAME OF HUSBAND OR WIFE <u>(dec.)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>				ADDRESS <u>Rolla, Mo</u>	
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) <u>myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-3</u> , 19 <u>48</u> , to <u>12-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>49</u> , and that death occurred at <u>9:05 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter McFarland MD</u>				23b. ADDRESS <u>Rolla Mo</u>				23c. DATE SIGNED <u>12-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-12-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		380 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>			

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 12-20-49

*Mississippi
Rolla, Mo*

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. 345

working under my personal supervision.

Student *Paul E. Brown*
Student Embalmer

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.