

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14063

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 64

812
1

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

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) Rolla		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Rolla	
d. FULL NAME OF HOSPITAL OR INSTITUTION 34 Green Acres		d. STREET ADDRESS (If rural, give location) 34 Green Acres			
3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE		b. (Middle) GENEVIEVE		c. (Last) WANTLAND	
4. DATE OF DEATH (Month) (Day) (Year) April 29, 1950		5. SEX Fe. /		6. COLOR OR RACE Wh.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 11, 1870		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Potosi, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Alphonse Bancherel		13b. MOTHER'S MAIDEN NAME Elizabeth	
14. NAME OF HUSBAND OR WIFE S. Grant Wantland		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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. E. Burkhart		ADDRESS Rolla, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4-30!		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2. Old Age		DUE TO (b) DUE TO (c)	
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 4-29, 1950 to 4-29, 1950 , that I last saw the deceased alive on 4-29, 1950 and that death occurred at 5:45 PM from the causes and on the date stated above.					
23a. SIGNATURE H. H. Davis M.D.		(Degree or title)		23b. ADDRESS Rolla Mo	
23c. DATE SIGNED 4-30-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE May 1, 1950	
24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.			
DATE REC'D BY LOCAL REG. 5-1-50		REGISTRAR'S SIGNATURE Nadine L. Stoltz		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Zull	
ADDRESS Rolla, Mo.					

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 5-9-50 _____

MAILED
MAY 18 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul E. Noll

Signed _____
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla

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.