

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17570

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 79

7812

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 Illinois b. COUNTY St. Clair	
b. CITY OR TOWN Rolla	c. LENGTH OF STAY (In this place) Transcient	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital		d. STREET ADDRESS (If rural, give location) 320 N. Charles St., 8	

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) SUE	c. (Last) NAPIER	4. DATE OF DEATH (Month) (Day) (Year) May 4, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Infant	8. DATE OF BIRTH April 19, 1950	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) California /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Carl Napier	13b. MOTHER'S MAIDEN NAME Dorine Christanell	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Napier, ADDRESS Belleville Ill.
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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.	18. CAUSE OF DEATH MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumococci Meningitis, history of 10 months illness with convulsions. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3401	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on May 4, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE S. L. Neeb (Degree or title) Coroner of Phelps County Mo.	23b. ADDRESS Rolla Missouri	23c. DATE SIGNED 5/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 4, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Louis Co., Mo.	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. May 9, 1951	REGISTRAR'S SIGNATURE Nadine L. Stoll 380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.
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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.....

.....
working under my personal supervision.

*Was embalmed
by our firm*

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.