

FILED AUG 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27830

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 131	
1. PLACE OF DEATH a. COUNTY Phelps 0812				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 2 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leonard 1020		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) ARMADA			a. (First) b. (Middle) c. (Last) PROSSER			4. DATE OF DEATH Aug. 13, 1951 (Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 20 1876	
9. AGE (In years last birthday) 75		10. 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) Knox County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Luke D. Goodwin		13b. MOTHER'S MAIDEN NAME Margaret Fry		14. NAME OF HUSBAND OR WIFE Theodore F. Prosser (Dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellis John, 1006 Lynwood Dr. Rolla, Mo.	
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) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy				INTERVAL BETWEEN ONSET AND DEATH 6 or 8 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				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)		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 2 several years, 19__, that I last saw the deceased alive on 8-13, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.							
23a. SIGNATURE E. L. Fenick M.D. (Degree or title)				23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 8-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		24b. DATE Aug. 13 1951		24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		24d. LOCATION (City, town, or county) (State) Near Edina, Knox Co., Mo.	
DATE REC'D BY LOCAL REG. Aug 15, 1951		REGISTRAR'S SIGNATURE Nadine L. Stoll		380 25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Null		ADDRESS Rolla, Mo.	

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

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. Mull

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.