

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31055**

FILED SEP 25 1951

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 162

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| 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 Rolla | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 201 Walnut | | d. STREET ADDRESS (If rural, give location) 201 Walnut | |

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|-------------------------------------|---------------------------|---------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) CHARLES | b. (Middle) ALFRED | c. (Last) HELL | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1951 |
|-------------------------------------|---------------------------|---------------------------|-----------------------|---|

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|--------------------|-------------------------------|---|--|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH March 22, 1864 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 100 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Linn, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Thibaut Hell | 13b. MOTHER'S MAIDEN NAME Catherine Grosjean | 14. NAME OF HUSBAND OR WIFE Lucy Ellen McCracken Hell |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | 17. INFORMANT'S SIGNATURE OR NAME Charles H. Hell, 201 Walnut, Rolla, Missouri | ADDRESS |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 15 min. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension + Semblity | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 12 years, 1919, to 1951, that I last saw the deceased alive on 9-13, 1951, and that death occurred at 4:15 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. E. Fenick M.D. | (Degree or title) | 23b. ADDRESS Rolla Mo. | 23c. DATE SIGNED 9-17-51 |
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|---|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 16, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Rolla | 24d. LOCATION (City, town, or county) (State) Rolla, Missouri |
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| DATE REC'D BY LOCAL REG. Sept. 17, 1951 | REGISTRAR'S SIGNATURE Dadine L. Stoll | 320 | FUNERAL DIRECTOR'S SIGNATURE W. H. Holloway | ADDRESS 1100 Elm., Rolla, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

08/2

08/2
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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.

Student Embalmer No.

Signed _____

J. H. Hallow

Signed.....
Student Embalmer

Licensed Embalmer No. 3643

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.