

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42492

State File No. ....

FILED JAN 11 1952

BIRTH NO. .... REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 237

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 Rural-Rolla tw. <u>030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Phelps County Mem. Hospital		d. STREET ADDRESS (If rural, give location) 1 mile North-East of Rolla <u>10</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) ETTA	b. (Middle) L.	c. (Last) DANIEL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1951
-------------------------------------	-----------------	----------------	------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Rolla, Missouri <u>U</u>	12. CITIZEN OF WHAT COUNTRY? U.S..
---	--	--	------------------------------------

13a. FATHER'S NAME Zebedde Light.	13b. MOTHER'S MAIDEN NAME Joan Overlease	14. NAME OF HUSBAND OR WIFE J. Edward Daniel
-----------------------------------	--	--

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 ADDRESS J. Edward Daniel Rt. 1 Rolla
---	------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	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		

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) <u>no</u>	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 Dec 31, 1951, to Dec 31, 1951, that I last saw the deceased alive on Dec 31, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Fain M.D.	23b. ADDRESS Rolla mo	23c. DATE SIGNED 1-7-52
--	-----------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>	24b. DATE Jan. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Mo.
--	------------------------	---	--

DATE REC'D BY LOCAL REG. Jan. 7, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll 380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.
---------------------------------------	---	--

County File Number \_\_\_\_\_  
Date Filed 1-8-52

JAN 28 1955

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. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul E. Mull

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.