

U.S. No. 30
Rev. 10-49

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2534

State File No.

FEB 11 1953

BIRTH NO. 08124 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>xxxxx Rolla</u>		c. LENGTH OF STAY (in this place) <u>38 Yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>xxxxxx McFarland Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Miller 08110</u>	
		d. STREET ADDRESS (If rural, give location) <u>Route 3, Rolla</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THEKLA</u>	b. (Middle) <u>FEIL</u>	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 24, 1869</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Feil</u>	13b. MOTHER'S MAIDEN NAME <u>Unable to obtain</u>	14. NAME OF HUSBAND OR WIFE <u>Rt. 3 D. A. Robinson, Rolla Mo.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>XX</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. A. Robinson, Rt. 3 Rolla Mo.</u>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Injury</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blue to Fall</u> DUE TO (c) <u>Old age</u>		
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	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-3-47, 19 , to 2-1-53, 19 , that I last saw the deceased alive on 2-1-53, 19 , and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. A. Ramsey</u> (Degree or title)	23b. ADDRESS <u>Ramsey Bldg., Rolla, Mo.</u>	23c. DATE SIGNED <u>2-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 3, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Null & Son Funeral Home</u> By: <u>[Signature]</u>	ADDRESS <u>Rolla Mo.,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Phelps County Health Officer,
County File Number _____
Date Filed 2-10-57

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 [Signature]

Licensed Embalmer No. 3397

P. O. Address [Signature]

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.