

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2537**
 BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Phelps 2			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 9 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264		d. STREET ADDRESS (If rural, give location) 614 Jefferson Ave
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home					
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)	b. (Middle) E.	c. (Last) WIESS	4. DATE OF DEATH Jan. 25, 1953 (Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1866	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. 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 Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.	13a. FATHER'S NAME George Schwartz		13b. MOTHER'S MAIDEN NAME Barbara Meyers	14. NAME OF HUSBAND OR WIFE	
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 Mrs. Oscar Jena ADDRESS Jefferson City		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of femur & hypostatic pneumonia.				INTERVAL BETWEEN ONSET AND DEATH 3 wks.
	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. Securix E9027 21				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 081				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) nursing home	21c. (CITY, TOWN, OR TOWNSHIP) Rolla (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? Fall out of bed.			
22. I hereby certify that I attended the deceased from 12-26, 1952 , to 1-25, 1953 , that I last saw the deceased alive on _____, 19____, and that death occurred at 1:25 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE E. E. Ferido, M.D. (Degree or title)			23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 1-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) to Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. Jan. 28, 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI COUNTY HEALTH DEPARTMENT

RECORDS SECTION

FILED FEB 4 1953

08124

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. Null

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.