

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22441**

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla d. STREET ADDRESS (If rural, give location) 401 Olive St	
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3. NAME OF DECEASED a. (First) LEAH (Type or Print)	b. (Middle) _____	c. (Last) CHRISTIAN	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1953
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Sept. 12, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid	10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (State or foreign country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Mark Clark	13b. MOTHER'S MAIDEN NAME Myra Williams	14. NAME OF HUSBAND OR WIFE Unknown
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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 Mrs. Mae Rector, 404 Cedar, Rolla, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 304 yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
DUE TO (b) _____ Morbid conditions, if any, giving 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. Senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)
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 past 15 years, to _____, 19____, that I last saw the deceased alive on 6-22, 1953, and that death occurred at 4:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Feind m.d.	23b. ADDRESS Rolla mo	23c. DATE SIGNED 7-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3, 1953	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. July 6, 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. H. Holloway 100 Elm, Rolla, Missouri
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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.....

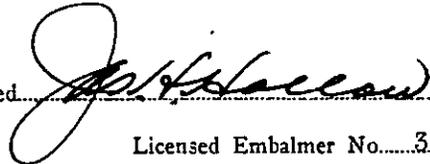
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....



Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.