S. No. 300
10-48

62874
FILED SEP 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32611

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY: PHELPS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROLLA
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PHELPS COUNTY MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0 8 1 2
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): GREGORY
b. (Middle): CARL
c. (Last): TELLMAN

4. DATE OF DEATH (Month) (Day) (Year): SEPT 7th 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): (INFANT) 0
8. DATE OF BIRTH: Sept 6th 53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN P. TELLMAN
13b. MOTHER'S MAIDEN NAME: BEVERLY FIELDING
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: John P. Tellman
ADDRESS: Belle, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary atelectasis and anoxia — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.*
DUE TO (b): Relative prematurity and — 24 hours
DUE TO (c): Inadequate respiratory center

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Placental inadequacy and prematurity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7625
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5, 1953, *to* 9-7-, 1953, *that I last saw the deceased alive on* 9-6-, 1953, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Kozal, M.D.
23b. ADDRESS: Belle, Mo.
23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT 9th 53
24c. NAME OF CEMETERY OR CREMATORY: LIBERTY CEMETERY
24d. LOCATION (City, town, or county) (State): BELLE, MISSOURI

DATE REC'D BY LOCAL REG.: Sept. 8, 1953
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Chester Sass
ADDRESS: Belle Mo

(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 2-14-53

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 Chester Lamm

Licensed Embalmer No. 4178

P. O. Address Bland - 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.