

No. 300
10:48

FILED APR 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12923

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 64

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 OR TOWN Rolla	c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Rolla	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		e. STREET ADDRESS (If rural, give location) 648 Salem Ave., 08120	

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN	b. (Middle) L.	c. (Last) HESS	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 9, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harve Spradling	13b. MOTHER'S MAIDEN NAMEAsher	14. NAME OF HUSBAND OR WIFE James Hess
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XX none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Marcellus	ADDRESS 648 Salem, Rolla, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inanition, Marked</u>		3 wks
	DUE TO (c) <u>Breast Cancer, Extensive</u>		3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked Obesity</u>			30 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/29, 1953, to 4/9, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 3:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE R. N. Gien (Degree or title) M.D.	23b. ADDRESS 213 West 8 Rolla, Mo.	23c. DATE SIGNED 13 APR. 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	24d. LOCATION (City, town, or county) (State) near: Rolla Missouri
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DATE REC'D BY LOCAL REG. Apr. 13, 1954	REGISTRAR'S SIGNATURE Nadine L. Steel 380	25. FUNERAL DIRECTOR'S SIGNATURE Null Son Funeral Home By Paul E. Null	ADDRESS Rolla Mo.,
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 4-19-54

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
Signature of Student Embalmer

Signed Paul E. Ne

Licensed Embalmer No. 444

P. O. Address Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.