

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla

c. LENGTH OF STAY (in this place) 7 months

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home

e. STREET ADDRESS (If rural, give location) 205 Crown Drive

3. NAME OF DECEASED
a. (First) DAVID
b. (Middle) _____
c. (Last) JOHN

4. DATE OF DEATH (Month) (Day) (Year) July 9, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH November 4, 1866

9. AGE (In years last birthday) 87
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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry

11. BIRTHPLACE (City and State or Foreign Country) Swansea, Wales, England

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME David John

13b. MOTHER'S MAIDEN NAME Margaret Lloyd

14. NAME OF HUSBAND OR WIFE Mary E.

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. Edith Bethel ADDRESS 205 Crown Drive

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) coronary occlusion
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 family + arteriosclerosis.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH sudden

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES 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) Rolla Mo. Phelps Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 Oct, 1953, to present, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind, M.D. (Degree or title) _____

23b. ADDRESS Rolla Mo.

23c. DATE SIGNED 7-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 12, 1954

24c. NAME OF CEMETERY OR CREMATORY Friedland Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. July 12, 1954

REGISTRAR'S SIGNATURE Nadine L. Stoll

25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Hull

ADDRESS Rolla, Mo.

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

Date Filed 7-2-54

JUL 2 3 1954

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. Nutt

Licensed Embalmer No... 449.

P. O. Address..... Polla,

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.