

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 167

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 township) Rural Rolla		c. LENGTH OF STAY (In this place) 25 Yrs	c. CITY OR TOWN Rolla
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, outside city limits in southwest part of Rolla		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		* STREET ADDRESS (If rural, give location) Over city limits in S.W. section of Rolla. 0810	

3. NAME OF DECEASED (Type or Print) ALICE	a. (First)	b. (Middle) LOTTIE	c. (Last) EADS	4. DATE OF DEATH Sept. 5, 1954	(Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 4, 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Domestic work	11. BIRTHPLACE (City and State or Foreign Country) Marion County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Martin Glenn	13b. MOTHER'S MAIDEN NAME Ann Fry	14. NAME OF HUSBAND OR WIFE Henry Eads, Deceased.
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. 500-16-8561	17. INFORMANT'S SIGNATURE OR NAME Henry Eads, Jr., Rolla 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis	DUPLICATE (b) Ca of uterus		6 Mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUPLICATE (c)		2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 174 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1934, to Sept 5, 1954, that I last saw the deceased alive on Sept 3, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James M. Myers MD	23b. ADDRESS Rolla Mo	23c. DATE SIGNED Sept 2, 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery
		24d. LOCATION (City, town, or county) (State) Near, Rolla, Mo.,

DATE REC'D BY LOCAL REG. Sept. 8, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE By S. J. [Signature]	ADDRESS Rolla Mo.,
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.