

FILED FEB 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2026

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Maries	
b. CITY (If within corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN BELLE (Rural)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hosp.		e. STREET ADDRESS (If rural, give location) BELLE 0630	

3. NAME OF DECEASED (Type or Print) a. (First) JERRY b. (Middle) MARVIN c. (Last) MISTLER			4. DATE OF DEATH (Month) (Day) (Year) JAN - 22 - 55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never married	8. DATE OF BIRTH June 22 - 1943	9. AGE (In years last birthday) 11	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, except retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FLOYD MISTLER		13b. MOTHER'S MAIDEN NAME Edith Phillips		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 ADDRESS Mrs Maude Phillips - 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTIONS, MULTIPLE, PULMONARY		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EMBOLI, PULMONARY MULTIPLE VEINS		24 hrs.
	DUE TO (c) THROMBOSES, MULTIPLE DEEP PELVIC AND LOWER EXTREMITIES,		24 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACUTE APPENDICITIS		5 Days	

19a. DATE OF OPERATION 1-18-55	19b. MAJOR FINDINGS OF OPERATION ACUTE APPENDICITIS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 **Jan 18**, 1955, to **Jan 22**, 1955, that I last saw the deceased alive on **Jan 22**, 1955, and that death occurred at **1:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. L. Royal, M.D. (Degree or title)	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 1-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-55	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Belle - Mo.
DATE REC'D BY LOCAL REG. Jan. 24, 1955		REGISTRAR'S SIGNATURE Dadine L. Stool	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sassaman Funeral Service, Belle, Mo.

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 *Cherita Lassman*

Licensed Embalmer No. *417*

P. O. Address *Blond*

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.