

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5773**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 38				
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla)		c. LENGTH OF STAY (in this place) 7 months		c. CITY OR TOWN Poplar Bluff		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 4				STREET ADDRESS (If rural, give location) Unknown				0124		
3. NAME OF DECEASED (Type or Print)		a. (First) MAUDE		b. (Middle) CLEMENTINE		c. (Last) HAY		4. DATE OF DEATH Feb. 15, 1955		
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 21, 1868		9. AGE (In years last birthday) 86		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME St. Clair			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John, dec.				
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 Hospital records				ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis for advanced						INTERVAL BETWEEN ONSET AND DEATH yes		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition						?		
		DUE TO (c)								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 4500		(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 2-7 , 19 55 , to 2-15 , 19 55 , that I last saw the deceased alive on 2-7 , 19 55 , and that death occurred at 5 P. m. , from the causes and on the date stated above.										
23a. SIGNATURE James M. Ingers 380				(Degree or title) M.D.		23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 2/21/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery		24d. LOCATION (City, town, or county) Poplar Bluff, Mo.		(State)		
DATE RECD BY LOCAL REG. Feb. 21, 1955		REGISTRAR'S SIGNATURE Madame L. Stoeck			25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.			

(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..... *Paul E. N*

Licensed Embalmer No. *44*

P. O. Address *Dolla,*

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.