

FILED MAR 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9089

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas 1070			
b. CITY (If outside corporate limits, write RURAL and give town) Rolla 0		c. LENGTH OF STAY (In this place) 4 hrs	c. CITY OR TOWN Summersville		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 Phelps Co. Memorial Hospital		STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)	b. (Middle) CHANDLERS	c. (Last) HINES	4. DATE OF DEATH (Month) (Day) (Year) March 9th. 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4th. 1938	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months Days
IF UNDER 12 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Derrell Chandlers		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Douglas Jack Hines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Douglas Jack Hines, Summersville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of 2 <sup>nd</sup> Cervical vertebra	Barilar spine fracture				2 hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Multiple fractures of mandible	DUE TO (c) shock -		2 hours
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 10'				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Unknown	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Texas Jasper Co Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-9-55 3:20 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Unknown			
22. I hereby certify that I attended the deceased from 2-9-1955, to 2-9-1955, that I last saw the deceased alive on 2-9-55, and that death occurred at 7:30 P.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. Boleyman D.O.		23b. ADDRESS Do. Stollers Mo		23c. DATE SIGNED 3/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-10-1955	24c. NAME OF CEMETERY OR CREMATORY Mountain View	24d. LOCATION (City, town, or county) (State) Mountain View, Missouri		
DATE REC'D BY LOCAL REG. Mar. 15, 1955	REGISTRAR'S SIGNATURE Nadine L. Stollers	380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1100 Elm, Rolla, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

APR 20 1955  
MAR 23 1955

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 ..... Me ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed ..... *Carl J. Glenn* .....  
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo. ....

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.