

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12876**

FILED MAY 10 1955

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Rural - Dillon		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY OR TOWN 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				STREET ADDRESS (If rural, give location) 0810			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) DEAD			4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 22, 1880		9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months 9 Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Phelps Co, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Perry Dead		13b. MOTHER'S MAIDEN NAME Endimial Matlock		14. NAME OF HUSBAND OR WIFE MARY DEAD			
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 MARY DEAD (Wife) St. James, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of sigmoid - metastasis to liver					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
	ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153 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)		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 past 2 years , to _____, 19____, that I last saw the deceased alive on 4-22, 1955 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. E. Feind, M.D.				23b. ADDRESS Rolla, MO.		23c. DATE SIGNED 4-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr. 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, MO		
DATE REC'D BY LOCAL REG. 5-3-1955		REGISTRAR'S SIGNATURE Ruth A. Powell		479 25. FUNERAL DIRECTOR'S SIGNATURE Orval E. Licklider		ADDRESS St. James, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

