

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36467**

FILED DEC 12 1955

 BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Franklin	
b. CITY OR TOWN Washington Mo.	c. LENGTH OF STAY (In this place) 4 weeks	c. CITY OR TOWN Gerald Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 0360	
3. NAME OF DECEASED a. (First) Rebecca b. (Middle) Mollie c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 12 6-1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-31-1871
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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 Retired	11. BIRTHPLACE (City and State or Foreign Country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Martin	
13b. MOTHER'S MAIDEN NAME Elesibeth Nelson		14. NAME OF HUSBAND OR WIFE Fred Mollie	
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 R. Nikolau		ADDRESS Gerald 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) Arterial Sclerotic Heart Disease complicated by Hip Fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis General DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and Cerebral Thrombosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		H200F	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gerald Franklin Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-29-55, 8A	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidentally fell on floor because of bad knees	
22. I hereby certify that I attended the deceased from 11-1-1954 , to 12-6-1955 , that I last saw the deceased alive on 12-5-1955 , and that death occurred at 1:50A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Shelton Shultz M.D.		23b. ADDRESS Gerald	
23c. DATE SIGNED 12-6-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-8-55		24c. NAME OF CEMETERY OR CREMATORY Beaufort	
24d. LOCATION (City, town, or county) (State) Gerald Mo.		DATE REC'D BY LOCAL REG. 12/8/55	
REGISTRAR'S SIGNATURE Richard M. Steckmann		5. FUNERAL DIRECTOR'S SIGNATURE E. J. Meyer	
ADDRESS 99-00		ADDRESS Gerald 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.....
Stanley E. Meyer

Licensed Embalmer No. 46.....

P. O. Address.....
Gravel

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.