

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41584**

BIRTH NO. **89907-55** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **218**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Rolla
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Mem. Hospital		STREET ADDRESS (If rural, give location) 1307 Powell Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) CYNTHIA	b. (Middle) JANE	c. (Last) POWERS	4. DATE OF DEATH (Month) (Day) (Year) December 12, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Infant	8. DATE OF BIRTH Dec. 12, 1955	9. AGE (In years last birthday) IF UNDER 1 YEAR Months - Days IF UNDER 24 HRS. Hours - Min. 8 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Robert Powers	13b. MOTHER'S MAIDEN NAME Clara Bristow	14. NAME OF HUSBAND OR WIFE ---
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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 Robert Powers	ADDRESS Rolla, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	I. 'DISEASE OR CONDITION DIRECTLY LEADING TO DEATH' (a) Congenital Heart Defect		
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		7544	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 12, 1955**, to **Dec 13 19 55** that I last saw the deceased alive on **Dec 12, 1955**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Myers M.D.	23b. ADDRESS Rolla, Mo	23c. DATE SIGNED 12/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. Dec. 13, 1955	REGISTRAR'S SIGNATURE Nadine L. Stool 388	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 282

Date Filed DEC 22 1956

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. Nul

Licensed Embalmer No... 449

P. O. Address Rolla,

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.