

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41586**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 224		
1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla, Phelps Co. Memorial Hosp.) c. LENGTH OF STAY (In this place) 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps c. CITY OR TOWN Edgar Springs d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED a. (First) EDNA b. (Middle) OBERER c. (Last) SANDSTRAN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 29, 1884		
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 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) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Peters			13b. MOTHER'S MAIDEN NAME Carolyn Oberer			14. NAME OF HUSBAND OR WIFE Charley Sandstrom		
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 ADDRESS Charley Sandstrom, Edgar Springs, 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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of RT Femur. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial degenerative					INTERVAL BETWEEN ONSET AND DEATH 8 days 5 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9040 21					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Edgar Springs, Phelps MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-19-55 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall & Fractured RT Femur				
22. I hereby certify that I attended the deceased from 12-21, 1955, to 12-22, 1955 , that I last saw the deceased alive on 12-22-1955 , and that death occurred at 4 A.M. from the causes and on the date stated above.								
23a. SIGNATURE W. J. Collier (Degree or title)				23b. ADDRESS Rolla Mo		23c. DATE SIGNED 12/22/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-23-1955		24c. NAME OF CEMETERY OR CREMATORY Elmwood Park Cemetery		24d. LOCATION (City, town, or county) (State) Chicago, Ill.		
DATE REC'D BY LOCAL REG. Dec. 22, 1955		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl J. Glenn 1100 Elm, Rolla, Mo.				

(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 796

Date Filed 1929

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.