

FILED MAR 27 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **10118**BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. _____

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 St. James		c. CITY OR TOWN St. James	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 85 yrs.		STREET ADDRESS (If rural, give location) 0810	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) M. c. (Last) Mikkelsen		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 - 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 16, 1865
9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Peter Mikkelsen	13b. MOTHER'S MAIDEN NAME Anna Schmidt	14. NAME OF HUSBAND OR WIFE Amelia Mikkelsen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martin Mikkelsen (son) St. James 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) Coronary occlusion	DUPLICATE (b) acute myocarditis		0
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUPLICATE (c) 		5 weeks
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 4201	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) (Min.)	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 **3-5-56** to **3-21-56** that I last saw the deceased alive on **3-20-56**, and that death occurred at **12:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE C. V. Hammler, M.D. (Degree or title)	23b. ADDRESS St. James	23c. DATE SIGNED 3-21-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Mar 23, 1956	24c. NAME OF CEMETERY OR CREMATORY High Gate Cemetery
24d. LOCATION (City, town, or county) (State) High Gate (Phelps) MO	DATE REC'D BY LOCAL REG. 3-24-56	REGISTRAR'S SIGNATURE Ruth B. Powell
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oral E. Lucblider - St. James 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 367

Date Filed MAR 29 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..... *Carl J. Glenn*

Licensed Embalmer No....*4*..

P. O. Address...*Rolla,*..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.