

No. 300
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FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17266

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY PHELPS 08124		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SHANNON 1010	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA, MISSOURI		c. CITY OR TOWN BIRCH TREE	d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 YRS		e. STREET ADDRESS (If rural, give location) NONE - GENERAL DELIVERY	
d. FULL NAME OF HOSPITAL OR INSTITUTION: McFARLAND REST HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) NOLA	b. (Middle) (DEAN)	c. (Last) BARKER	4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH FEB. 8, 1881	9. AGE (In years last birthday) 75	10 UNDER 1 YEAR 3	11 UNDER 1 MIN. 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) BIRCH TREE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS A. DEAN	13b. MOTHER'S MAIDEN NAME MARY JANE DEPRIEST	14. NAME OF HUSBAND OR WIFE NONE
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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. *****	17. INFORMANT'S SIGNATURE OR NAME MYRTLE DEAN	ADDRESS BIRCH TREE, MISSOURI
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 1/2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) malignancy of pelvis type + location not determined.		
	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	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 **Aug**, 1951, to **Nov**, 1955, that I last saw the deceased alive on **Nov 14**, 1955, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Ferrel M.D. (Degree or title)	23b. ADDRESS Rolla mo.	23c. DATE SIGNED 5-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-22-56	24c. NAME OF CEMETERY OR CREMATORY OAK FOREST CEMETERY	24d. LOCATION (City, town, or county) (State) BIRCH TREE, MISSOURI
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DATE REC'D BY LOCAL REG. May 23, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoele	25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S MTN. VIEW, MISSOURI.	ADDRESS
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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 422

Date Filed MAY 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..... *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.