FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2285

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Hospital — Length of stay in Ib 9 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Dixon — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print): First Sylvia Middle Grace Last Kelly
4. DATE OF DEATH Month Jan. Day 31 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 1/31/1911
9. AGE (In years last birthday) 46 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Pulaski County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Taylor Young
14. MOTHER'S MAIDEN NAME Lydia Simpson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mr. Ray Kelly, Dixon, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Degenerative Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic Fever (old) — yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 416X
19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1/22/57, to 1/31/57 and last saw her ~~him~~ alive on 1/31/57
Death occurred at 3:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Wm R Pyle (Degree or title) MD
22b. ADDRESS Rolla Mo
22c. DATE SIGNED 2/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/3/1957
23c. NAME OF CEMETERY OR CREMATORY Seaton Cemetery
23d. LOCATION (City, town, or county) (State) Maries County, Missouri
24. FUNERAL DIRECTOR Fred H. Gilbert ADDRESS Dixon, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 2, 1957
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
Phelps County Health Officer,
County File Number 6-96
Date Filed 2-13-57

FEB 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Maurice E. Schirle

Licensed Embalmer No. 45

P. O. Address Dixon, Miss

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