

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5820**

BIRTH NO. FILED MAR 1 1957 REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY OR TOWN Devils Elbow	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) D.O.A.		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ROSE	b. (Middle) NELLIE	c. (Last) HOWARD	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 2, 1885	9. AGE (In years last birthday) Months Days Hours Min. 72 1 9
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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 xx	11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Gollahon	13b. MOTHER'S MAIDEN NAME Sarah Eddleman	14. NAME OF HUSBAND OR WIFE William Howard (Dec)
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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. xx	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Millie Smith, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c)		
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 465x	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1954**, 19___, to **1957**, 19___, that I last saw the deceased alive on **2-11-57**, 19___, and that death occurred at **11:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. N. ...	23b. ADDRESS Waynesville Mo	23c. DATE SIGNED 2-11-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery	24d. LOCATION (City, town, or county) (State) Rt. 2 Rolla, Mo.,
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DATE REC'D BY LOCAL REG. 2-16-57	REGISTRAR'S SIGNATURE Paula Gye Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null & Sons Funeral Home Rolla Mo., By Paul E. Null
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-23-57
Pulaski County Health Officer
File Number 19
Date Filed 2-16-57

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. Nu*

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.