

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25653

State File No.

FILED JUL 23 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 117

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Phelps</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">St. Louis</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Rolla		c. LENGTH OF STAY (in this place) 9 Years		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		e. STREET ADDRESS (If rural, give location) No record.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) MEARS			4. DATE OF DEATH (Month) (Day) (Year) 13 July 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) not known	8. DATE OF BIRTH April 16 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no record	10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (City and State or Foreign Country) unknown	12. CITIZEN OF WHAT COUNTRY? USA ?		
13a. FATHER'S NAME no record		13b. MOTHER'S MAIDEN NAME no record		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	16. SOCIAL SECURITY NO. xx	17. INFORMANT'S SIGNATURE OR NAME no record	ADDRESS Nursing Home records, Rolla 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture left hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerosis - Severity</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		9027 45	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing home</u>	21c. (CITY TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps - Mo.</u>			
21d. TIME OF INJURY <u>July 9 57</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall out of bed</u>			
22. I hereby certify that I attended the deceased from <u>7-9</u> , 1957, to <u>7-13</u> , 1957, that I last saw the deceased alive on <u>7-13</u> , 1957, and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>7/13/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 18, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 15, 1957</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelson & Sons</u>	ADDRESS <u>Home Rolla Mo</u>		

RECEIVED

Phelps County Health Officer,

County File Number 762

Date Filed JUL. 2 1957

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.....
[Handwritten Signature]

Licensed Embalmer No. 3397

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.