

FILED OCT 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36883**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **190**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 5 Weeks	c. CITY OR TOWN Anutt
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		STREET ADDRESS (If rural, give location) Star Route	
3. NAME OF DECEASED (Type or Print) a. (First) VERNON		b. (Middle) ORVIS	c. (Last) HEADRICK
4. DATE OF DEATH Oct. 12, 1957		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1920
9. AGE (In years last birthday) 37		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming--Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Poultry, House Bldg.
11. BIRTHPLACE (City and State or Foreign Country) Anutt, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C. Orvis Headrick		13b. MOTHER'S MAIDEN NAME Pearl Schmedake	14. NAME OF HUSBAND OR WIFE Ethel Headrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW#2 U.S.N.		16. SOCIAL SECURITY NO. 153X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Headrick, Anutt, Missouri
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of sigmoid colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ 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 5-17-57		19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma in Right Lobe of Liver	
20. AUTOPSY? 2 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) _____		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 4-29 , 19 57 , to 10-12 , 19 57 , that I last saw the deceased alive on 10-12 , 19 57 , and that death occurred at 7:45 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Samuel C. Conway Jr. M. D.		23b. ADDRESS Striker Clinic St. Louis Mo	
23c. DATE SIGNED Oct 14		24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	
24b. DATE Oct. 15, 1957		24c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery	
24d. LOCATION (City, town, or county) (State) Anutt Dent Mo.,		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	
DATE REC'D BY LOCAL REG. Oct. 18, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoll	
ADDRESS Rolla, Mo.,		By Paul S. Null	

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

RECEIVED

Phelps County Health Officer,

County File Number 253

Date Filed 10/23/57

OCT 25 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..... Paul E. Nuel

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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.