

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41463**

FILED NOV 27 1957

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5942** Registrar's No. **216**

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

1. PLACE OF DEATH a. COUNTY Missouri Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Rolla twsp.		c. LENGTH OF STAY (in this place) 2 years	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile North of Rolla		STREET ADDRESS (If rural, give location) 1 mile North of Rolla	
3. NAME OF DECEASED (Type or Print) a. (First) JANE		b. (Middle) VIOLET	c. (Last) COOK
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 18, 1874	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lloyd Patterson		13b. MOTHER'S MAIDEN NAME Mary Smith	
14. NAME OF HUSBAND OR WIFE William, deceased		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Otto Pocr Rt. 3 Rolla	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerotic Heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 4 200		19b. MAJOR FINDINGS OF OPERATION	
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) (m.) _____		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 9-15 , 19 55 , to 11-13 , 19 57 , that I last saw the deceased alive on 11-13 , 19 57 , and that death occurred at 7 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) M. K. Underwood M.D.		23b. ADDRESS 202 West 10th	
23c. DATE SIGNED 11-14-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov. 15, 1957		24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery	
24d. LOCATION (City, town, or county) (State) Phelps County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null & Sons Funeral Home By Paul E. Null Rolla, Mo.	
DATE REC'D BY LOCAL REG. Nov. 18, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoll	

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

Phelps County Health Officer,

County File Number 881

Date Filed 11/26/57

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. Null

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.