

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026495
STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 131

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY PHELPS | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROLLA | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN STEELVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PHELPS CAMM. HOSP. | | Length of stay in 1b 1 DAY | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MYRTLE Middle VIRGINIA Last GEARHART | | | 4. DATE OF DEATH Month JULY Day 2 Year 1958 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEPT. 26 - 1886 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) SALEM, MO. 0 | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME JOHN WALKER | | | 14. MOTHER'S MAIDEN NAME ELSIE SIMMONS | | |
| 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 Address FRED GEARHART - STEELVILLE, MO. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart failure | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) _____ | | | |
| | | DUE TO (c) Fracture of hip 9040 21 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Fall at home. | | | |
| 20c. TIME OF INJURY Hour _____ p. m. _____ Month, Day, Year July 1 58 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION 028 COUNTY Mo STATE Mo | |
| 21. I attended the deceased from July 1 1958 , to July 2 1958 and last saw him ^{her} alive on July 2 1958 Death occurred at 5 A. m on the day stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Wm R. Stoll M.D. | | | 22b. ADDRESS Rolla Mo | | 22c. DATE SIGNED July 2 58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 7-5-1958 | 23c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEMETERY | | 23d. LOCATION (City, town, or county) (State) STEELVILLE, MO. |
| 24. FUNERAL DIRECTOR Thomas D. Halberst | | ADDRESS STEELVILLE, MO. | | 25. DATE RECD. BY LOCAL REG. July 14, 1958 | 26. REGISTRAR'S SIGNATURE Nadine L. Stoll |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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RECEIVED

Phelos County Health Officer

County File Number 1160

Date Filed 7/24/54

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 Thomas S. Halber

Licensed Embalmer No. 43

P. O. Address STEELEVILLE

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.