

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037344

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 191

S. 300
1-57

3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Penn. b. COUNTY Philadelphia	
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 Philadelphia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial DOA		Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 3424 Ryan ave.,
3. NAME OF DECEASED (Type or print) First Middle Last ROSE SWEENEY BURNS			4. DATE OF DEATH Month Day Year Oct. 15, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/16/1896
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Ret.		10b. KIND OF BUSINESS OR INDUSTRY Liquor Distributer	11. BIRTHPLACE (City and state or country) Philadelphia, Penn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Sweeney	
13b. MOTHER'S MAIDEN NAME Emma Harfield		14. NAME OF HUSBAND OR WIFE Dec. unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Genovaeve Wilkinson Philadelphia, Penn.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Immediate
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) 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"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Walking beside highway and struck by Automobile	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Rolla Phelps Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. B. Y. Mull, Coroner		22b. ADDRESS Rolla Mo.	22c. DATE SIGNED 10/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/16/1958	23c. NAME OF CEMETERY OR CREMATORY Holy Suphlicar Cem.
23d. LOCATION (City, town, or county) Philadelphia, Penn.		(State)	
24. FUNERAL DIRECTOR Carl J. [unclear]		25. DATE RECD. BY LOCAL REG. Oct. 16, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll
ADDRESS 1100 Elm, Rolla, Mo.			

RECEIVED
Phelps County
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OCT 30 1958

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 M.L., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Blum

Licensed Embalmer No. 4707
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.