

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037361

STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 197

300
1-57

4

Secretary, coroner, etc., must use only standard manufacture 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

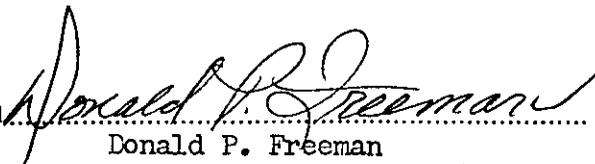
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home MacFarland Nursing		Length of stay in lb 8 years	d. STREET ADDRESS (If outside, give location) 429 E. Ashley St
3. NAME OF DECEASED (Type or print) First JOHN Middle (NMN) Last WEAR			4. DATE OF DEATH Month October Day 16th Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Febr 15th 1875
9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 8 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Wear	
13b. MOTHER'S MAIDEN NAME Mattie Vaughn		14. NAME OF HUSBAND OR WIFE Unmarried	
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 Woodrow Moad Jefferson City, 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) Regenerative Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 4221 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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input 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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5/7/58 to 10/16/58 and last saw him alive on 10/16/58 Death occurred at 7:10 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul E. Miller</i>		(Degree or title)	22b. ADDRESS Rolla, Mo
22c. DATE SIGNED 10/16/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/19/58	23c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
24. FUNERAL DIRECTOR Tanner Service Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 18, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

RECEIVED
Phelps County He
County File Number _____
Date Filed OCT 27 1

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 
Donald P. Freeman
Licensed Embalmer No. 4623
P. O. Address Jefferson City,
Missouri

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.