

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002396

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
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 Rolla
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial		Length of stay in 1b 7 days	d. STREET ADDRESS (If outside, give location) 402 Cedar
3. NAME OF DECEASED (Type or print) First MARGARET Middle HUME Last AYERS			4. DATE OF DEATH Month Jan. Day 24, Year 1959
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 4-27-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 67
13a. FATHER'S NAME William Hume		13b. MOTHER'S MAIDEN NAME Susan Crumm	11. BIRTHPLACE (City and state or country) Lacoma, Mo.
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. none	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Albert Ayers 402 Cedar, Rolla, Mo.			14. NAME OF HUSBAND OR WIFE Albert Ayers
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Decompensation DUE TO (b) Rheumatic Heart Disease DUE TO (c) H16X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Glomerular nephritis & uremic retention			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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 12-24-59 to 1-24-59 and last saw her alive on 1-24-59 Death occurred at 12:15 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. Crumm (Degree or title)		22b. ADDRESS Rolla Mo	22c. DATE SIGNED 1-26-59
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 1-26-1959	23c. NAME OF CEMETERY OR CREMATORY Lako Sprin, Cemetery	23d. LOCATION (City, town, or county) (State) Lake Spring, Mo.
24. FUNERAL DIRECTOR Cald. Blum 1100 Elm, Rolla, Mo.		25. DATE RECD. BY LOCAL REG. Jan 26, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed February 2, 1939

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707
P. O. Address Palla, Tex.

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.