

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014394

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 275 Primary Registration District No. 5943 Registrar's No. 75

5. 300  
1-57

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 Rural-Spring Creek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural-Spring Creek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Miles South Edgar Springs			Length of stay in lb Life		d. STREET ADDRESS 4 miles South Edgar Springs		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle LAURA Last MACE				4. DATE OF DEATH Month May Day 3, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 24, 1866		9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days 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 None		11. BIRTHPLACE (City and state or country) Phelps County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christopher Dean			13b. MOTHER'S MAIDEN NAME Rebecca Brown		14. NAME OF HUSBAND OR WIFE George (dec.)		
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 Mrs. Wiley Craddock Address Edgar Spgs			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac + pulmonary arrest</i> <i>cachexia + debilitation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>semibility</i> DUE TO (c) <i>semibility</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>recent fracture of ribs due to accidental fall</i> <i>across threshold.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 year.</i>	
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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 081		COUNTY	STATE
21. I attended the deceased from <u>1958</u> to <u>1959</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>May 2, 1959</u> . Death occurred at <u>G A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>B. J. Myers DO</i> (Degree or title)				22b. ADDRESS <i>Fitching, Mo.</i>		22c. DATE SIGNED <i>5-5-59.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Black Cemetery		23d. LOCATION (City, town, or county) (State) Phelps County, Mo.		
24. FUNERAL DIRECTOR Null & Sons Funeral Home By <i>Paul E. Null</i>			25. DATE RECD. BY LOCAL REG. May 5, 1959		26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>		

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  
MEDICAL CERTIFICATION

Date Filed *May 12, 1957*

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.