

**R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-026163**

**EILED VS JUL 23 1959**

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 122

DED

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>Phelps</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Franklin</b>		
Length of stay in 1b <b>6 Days</b>		c. CITY OR TOWN <b>St. Clair</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>				d. STREET ADDRESS (If outside, give location) <b>None</b>				
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>				
First <b>CLARA</b>		Middle		Last <b>BROWN</b>		Month Day Year <b>July 14, 1959</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11-21-1881</b>		<b>9. AGE (last birthday)</b> <b>77</b>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Post Mistress</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Post Office</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Olney, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		
<b>13a. FATHER'S NAME</b> <b>Thomas Hollver</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha Ellis</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Thomas</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT</b> <b>Mrs. Bessie Trower St. Clair</b>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cuteus Sebuckii Heart Disease</b> DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>						
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>		
<b>21.</b> I attended the deceased from <u>7-9-59</u> to <u>7-14-59</u> and last saw her alive on <u>7-14-59</u> Death occurred at <u>4:30PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <i>Wm R. Lytle MD</i>				<b>22b. ADDRESS</b> <b>Rolla Mo</b>			<b>22c. DATE SIGNED</b> <b>7/14/59</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>23b. DATE</b> <b>July 14, 1959</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellflower Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Bellflower Mo.</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Jonas Funeral Home</b> <b>By Paul E. Hull Bellflower</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>July 14, 1959</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Nadene L. Stoll</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. New

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.