

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030021

FILED VS. AUG 20 1959 275

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 142

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		Length of stay in 1b 1 Week		c. CITY OR TOWN Edgar Springs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Not numbered		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SUSAN Middle JET Last SPOON.				4. DATE OF DEATH Month August Day 7, 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 4-18-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR. 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 xx		11. BIRTHPLACE (City and state or country) Edgar Springs, Mo., USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bordon M. Heavin			13b. MOTHER'S MAIDEN NAME Susan J. Karnes		14. NAME OF HUSBAND OR WIFE Bert		
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. Bone	17. INFORMANT Address Mrs. Lora Smith, Edgar Springs 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) arteriosclerotic Heart Disease 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) Chronic Duodenal ulcer.							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
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 s.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 10-1-89 to 8-7-59 and last saw her/him alive on 8-7-59				Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS Rolla Mo			22c. DATE SIGNED 8/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-9-59	23c. NAME OF CEMETERY OR CREMATORY Edgar Springs Cemetery		23d. LOCATION (City, town, or county) Edgar Springs Mo.			
24. FUNERAL DIRECTOR ADDRESS Null & Sons Funeral Home..Rolla			25. DATE RECD. BY LOCAL REG. Aug. 10, 1959		26. REGISTRAR'S SIGNATURE Nadrie L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 23 1960

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. Nub

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 conform 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.