

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 16 1959

'59 0 4 4 9 8 1
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 238

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Length of stay in lb <u>10 yrs.</u>		c. CITY OR TOWN <u>Rolla</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>631 Salem Ave.,</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>631 Salem ave.,</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>AMBROSE</u> Middle <u>Mathais</u> Last <u>FELL</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/10/1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 1st. Sgt. USMC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Government</u>		11. BIRTHPLACE (City and state or country) <u>Dane, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Mathais Fell</u>			13b. MOTHER'S MAIDEN NAME <u>Hedolene Kolbel</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Fell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1908-1939</u>			16. SOCIAL SECURITY NO. <u>492 12 7463</u>	17. INFORMANT Address <u>Minnie Fell 631 Salem ave., Rolla, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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) <u>Hypertension. Arterio Sclerosis</u>					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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 <u>Dec 7 59</u> , to <u>Dec 7 59</u> and last saw him alive on <u>Dec - DoA</u> . Death occurred at <u>nine a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Wm R. L. Stoll</u>				22b. ADDRESS <u>Rolla Mo</u>		22c. DATE SIGNED <u>12/7/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/9/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Garden</u>		23d. LOCATION (City, town, or county) <u>Rolla, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Glenn Funeral Home Rolla, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Dec. 7, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 3 1960

MS DEC 17 1959

JAN 8 1960

STATEMENT BY LICENSED EMBALMER

JAN 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ *me*, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *Carl J. Blum*

Licensed Embalmer No. *4707*

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.