

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 7 1960

'59 0 4 4 9 8 8  
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 251

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>		c. CITY OR TOWN <u>Poolittle</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u></u>	

3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>Thomas</u> Last <u>Pelican</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>27</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>Dec 27 1897</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Maries County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Thomas Pelican</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Davis</u>			14. NAME OF HUSBAND OR WIFE <u>Lena Pelican</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-12-8333</u>		17. INFORMANT <u>Lena Pelican Newburg</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>			<u>6 hours</u>	
DUE TO (b) <u>Arterio-sclerotic heart dis.</u>			<u>30 or 4 yrs</u>	
DUE TO (c) <u>Cardio-vascular</u>				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Cardiac Asthma</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 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.) <u></u>		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>				

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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>Oct 2, 59</u> to <u>Dec 27<sup>th</sup> 59</u> and last saw her <u>him</u> alive on <u>Dec 27<sup>th</sup> 59</u> Death occurred at <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Richard E Myers</u> (Degree or title)		22b. ADDRESS <u>20 Newburg Mo</u>		22c. DATE SIGNED <u>Dec 28, 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Dec 29, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OZARK Memorial Garden</u>	23d. LOCATION (city, town, or county) <u>South of Rolla Mo.</u>	

24. FUNERAL DIRECTOR <u>Lee Johnson</u>	ADDRESS <u>Newburg Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 28, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>
--	------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 APR 6 SA

1961 APR 6

**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 William Lee Strunk

Licensed Embalmer No. 5043

P. O. Address Newburg

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.