

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002841

FILED VS FEB 2 1960

275 Primary Registration District No. 5942 Registrar's No. 20

STATE FILE NUMBER

DED

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 Rolla Years	c. CITY OR TOWN Rolla Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Ft. Wyman Heights		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route No. 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JANE Middle .. Last EARNEY			4. DATE OF DEATH Month Jan. Day 26, Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-1-1891	9. AGE (last birthday) 69	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 Home	11. BIRTHPLACE (City and state or country) Lake Springs, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Bud Wilson		13b. MOTHER'S MAIDEN NAME Emily Morrison		14. NAME OF HUSBAND OR WIFE Alonzo Earney	
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 Robert Earney, Rolla, Mo., Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3rd Degree Burn across 100% of Body		INTERVAL BETWEEN ONSET AND DEATH Immediate
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)	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
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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.) Physically unable to escape from burning panel.
20c. TIME OF INJURY Hour 6:30 Month, Day, Year 1-26-60		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Rolla	COUNTY Phelps	STATE Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at: 6:30P m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) D. E. Null, Coroner		22b. ADDRESS Rolla Mo	22c. DATE SIGNED 1-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 28 1960	23c. NAME OF CEMETERY OR CREMATORY Lake Springs Cemetery	23d. LOCATION (City, town, or county) (State) Lake Springs, Mo.,
24. FUNERAL DIRECTOR Null & Son Funeral Home By Paul E. Null		25. DATE RECD. BY LOCAL REG. Jan. 27, 1960	26. REGISTRAR'S SIGNATURE Nadene L. Stoll

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5

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.