

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007575

FILED VS MAR 1 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps					
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		Length of stay in 1b 7 days		c. CITY OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nurseing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1607 Martin st.,				
3. NAME OF DECEASED (Type or print) First MARY Middle MARTHA Last HAVEN				4. DATE OF DEATH Month Feb. Day 18, Year 1960					
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 2-3-1872			
				9. AGE (last birthday) 88		IF UNDER 1 YEAR IF UNDER 24 HR 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 own home		11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE R. L. Haven dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT Mack Haven			Address Rolla, 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) Pulmonary embolism							INTERVAL BETWEEN ONSET AND DEATH 24 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile arteriosclerosis									
DUE TO (c) Fracture of femur							2 wks.		
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			
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.) Fell at home,					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 081									
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 2-12-60 to 2-18-60 and last saw ^{HER} him alive on 2-18-60 Death occurred at 3:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) E. E. Fenix M.D.					22b. ADDRESS Rolla Mo			22c. DATE SIGNED 2-22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-20-1960		23c. NAME OF CEMETERY OR CREMATORY Annutt Cemetery			23d. LOCATION (City, town, or county) Annutt, Mo.		
24. FUNERAL DIRECTOR Carl J. Glenn West 10th. st., Rolla, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 22, 1960		26. REGISTRAR'S SIGNATURE Nadene L. Stoll			

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 _____ me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 470

P. O. Address Rella, Va

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.