

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007588

FILED VS. FEB 16 1960 275

Primary Registration District No. 3053 Registrar's No. 29

STATE FILE NUMBER

INDEXED

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) Rolla		Length of stay in 1b 1 day		c. CITY OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PHELPS CO. MEMORIAL HOSP.				d. STREET ADDRESS (If outside, give location) McFARLAND NURSING HOME		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MAMIE ELIZABETH STONE				4. DATE OF DEATH FEB 9 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 MAY 22 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and state or country) SANDUSKY Co., OHIO				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME JOSIAH R. RUSSELL			13b. MOTHER'S MAIDEN NAME MARGARET E. GLANCEY			13. NAME OF HUSBAND OR WIFE BENI H. STONE	
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 H. MEATON, SULLIVAN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 1 hr	
DUE TO (b) Fractured hip, left						36 hrs	
DUE TO (c) Advanced arterio-sclerosis						yes	
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 checked="" 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.)			
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 Dec 1958 to Feb 9, 60 and last saw her ^{her} _{best} alive on Feb 8, 60 Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James M. Meyer M.D.				22b. ADDRESS Rolla, Mo.		22c. DATE SIGNED 2/9/60	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 11, 1960		23c. NAME OF CEMETERY OR CREMATORY FAYETTEVILLE BEM.		23d. LOCATION (City, town, or county) (State) FAYETTEVILLE, ARK.	
24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 9, 1960		26. REGISTRAR'S SIGNATURE Madame L. Stoll	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 J. _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, N.Y.

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.