URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1960

-60-039264
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 196

NDED

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla
Length of stay in Ib: 2 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Phelps County Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Rolla
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 101 South Olive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: TERESA Middle: ANN Last: EDWARDS
4. DATE OF DEATH: Month October Day 7 Year 1960
5. SEX: Female
6. COLOR OR RACE: Colored.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/13/58
9. AGE (last birthday): 2
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Rolla, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Desmond Edwards
13b. MOTHER'S MAIDEN NAME: Birdye Winfrey
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Desmond Edwards Address: Rolla, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Anesthesia – Surgery
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10-6-60, to 10-7-60 and last saw her/him alive on Oct 7-1960
Death occurred at 11:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: Rolla Mo
22c. DATE SIGNED: 10-7-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 10, 1960
23c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
23d. LOCATION (City, town, or county) (State): Rolla, Missouri
24. FUNERAL DIRECTOR: Null & Son Funeral Home ADDRESS: Rolla
By [illegible]
25. DATE RECD. BY LOCAL REG.: Oct. 7, 1960
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Paul E. Nul

Signature of Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.