

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039273

FILED VS OCT 20 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 197

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Phelps		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 1 week		c. CITY OR TOWN Pascola	
c. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS None		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First BELLE		Middle MC COLLUM		Last October 8, 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 12/2/72	9. AGE (last birthday) 87	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Chris Proe			13b. MOTHER'S MAIDEN NAME Melvina Rowden			14. NAME OF HUSBAND OR WIFE Frank, dec.	
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 Address Vera McCollum Pascola, Mo.			
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) Hypostatic pneumonia						2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Fracture of femoral neck.						5 days	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility						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 nursing home fracturing hip.			
20c. TIME OF INJURY Hour a.m. p.m. Oct 3, 1960	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) nursing home		20f. CITY, TOWN, OR LOCATION Rolla		COUNTY mo.	STATE	
21. I attended the deceased from 10-3-60 to 10-8-60 and last saw her/him alive on 10-8-60 Death occurred at 2 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. Feind M.D.				22b. ADDRESS Rolla mo.		22c. DATE SIGNED 10-13-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Pascola Cemetery		23d. LOCATION (City, town, or county) (State) Pascola, Missouri		
24. FUNERAL DIRECTOR ADDRESS Null & Son Funeral Home By Paul E. Null			25. DATE RECD. BY LOCAL REG. Oct. 8, 1960		26. REGISTRAR'S SIGNATURE Nadene L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1960

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. [Signature]

Licensed Embalmer No. 4498

P. O. Address Rolla,

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.