

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047919

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 232

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 18 1962		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		a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in lb 2 Hours		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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 605 Park Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First JAMES Middle HAROLD Last FRENCH			Month December Day 8 Year 1962		
5. SEX Male	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 Jan. 1, 1910	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cartographic Aid		10b. KIND OF BUSINESS OR INDUSTRY U.S. Geological Survey		11. BIRTHPLACE (City and state or country) Denison, Kansas	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jesse French		13b. MOTHER'S MAIDEN NAME Anna Chestnut	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWNo. 2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-Intestinal Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 8 hr)		CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Esophageal Varices	
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	
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 Month, Day, Year a.m. p.m.		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 7/24/62 to 12/8/62 and last saw him alive on 12/8/62		Death occurred at 11:30P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Wm R. Little (Degree or title)	
22b. ADDRESS Rolla Mo		22c. DATE SIGNED 12/10/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec. 12, 1962		23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Gardens		23d. LOCATION (City, town, or county) Rolla, Missouri	
24. FUNERAL DIRECTOR Null & Son Funeral Home ADDRESS Rolla		25. DATE RECD. BY LOCAL REG. Dec. 10, 1962		26. REGISTRAR'S SIGNATURE Dadme L Stoll	

VS 300 Rev. 4/59

10817

26817

3

4 0

5 3

6

7 1

8 2

9/12.1

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 19 1962

JUN 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Null

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.