

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5606

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 20

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, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1807 Olive Street		d. STREET ADDRESS (If rural, give location) 1807 Olive Street				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) ANDREW			
c. (Last) PELIKAN			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		
8. DATE OF BIRTH May 22, 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marion County, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Julius Pelikan		13b. MOTHER'S MAIDEN NAME Ellen Davis		
14. NAME OF HUSBAND OR WIFE Josephine		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'S SIGNATURE OR NAME Mrs. Earl Sneed		ADDRESS Rolla, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 36 hours.				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				493x
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from <u>1-19-47</u> , to <u>2-10-51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-10-51</u> , 19 <u> </u> , and that death occurred at <u>9:50 Am.</u> from the causes and on the date stated above.						
23a. SIGNATURE H. H. Davis M.D.		(Degree or title)		23b. ADDRESS Ramsey Bldg., Rolla, Mo.		
23c. DATE SIGNED 2-13-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12, 1951		
24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.				
DATE REC'D BY LOCAL REG. 2-13-51		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		
				ADDRESS Rolla, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0812

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RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 2/21/51

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

Signed..... Paul E. Null
Student Embalmer _____ 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 this body is not embalmed, fact should be so stated above.