

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25866**

FILED AUG 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 160

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertsville</u>   |  |
| c. LENGTH OF STAY (in this place) <u>4 days</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>            |  |  |  |

|                                     |                             |                        |                        |  |
|-------------------------------------|-----------------------------|------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ELIZABETH</u> | b. (Middle) <u>ANN</u> | c. (Last) <u>FIELD</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1953</u> |
|-------------------------------------|-----------------------------|------------------------|------------------------|--|

|                      |                               |   |                                      |   |                           |                         |                           |                          |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Dec. 8, 1866</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days | IF UNDER 24 HRS.<br>Hours | IF UNDER 24 HRS.<br>Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------|-------------------------|---------------------------|--------------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u> | 11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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|--|---|--|
| 13a. FATHER'S NAME <u>Alexander Andrae Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Carney</u> | 14. NAME OF HUSBAND OR WIFE <u>J. Ward Field</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Andrea</u> | ADDRESS <u>1006 Elm, Rolla, Missouri</u> |
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|   |   |  |                                  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture left hip - (med femur)</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Hypertension</u>  |   |  |                                  |

|                                       |  |                            |  |
|---------------------------------------|--|----------------------------|--|
| 19a. DATE OF OPERATION <u>7/25/53</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck left femur</u> | <u>E 9030</u><br><u>20</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|--|----------------------------|--|

|  |  |   |                      |                  |
|--|--|---|----------------------|------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. CITY, TOWN, OR TOWNSHIP <u>Rolla</u> | COUNTY <u>Phelps</u> | STATE <u>Mo.</u> |
|--|--|---|----------------------|------------------|

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|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 24 1953 5 P.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell in Bathroom</u> |
|--|---|--|

22. I hereby certify that I attended the deceased from 1/5, 1953, to 7/28, 1953, that I last saw the deceased alive on 7/28, 1953, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

|  |                      |                               |                                 |
|--|----------------------|-------------------------------|---------------------------------|
| 23a. SIGNATURE: <u>Wm R. Jyle M.D.</u> | (Degree or title) of | 23b. ADDRESS <u>Rolla Mo.</u> | 23c. DATE SIGNED <u>7/28/53</u> |
|--|----------------------|-------------------------------|---------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 31, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Robertsville, Missouri</u> |
|---|--------------------------------|---|---|

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| DATE REC'D BY LOCAL REG. <u>July 30, 1953</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm R. Jyle</u> | ADDRESS <u>1100 Elm, Rolla, Mo.</u> |
|---|--|--|-------------------------------------|

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

0812

Date Filed

8-6-53

as embalmed

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 Student Embalmer

Signed

*J. H. Hallow*

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

G. (Failure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.