

34863

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1954

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 185

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 hrs	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt. 1 , Cold Spring Twp.	
d. STREET ADDRESS 7 miles South of Rolla, Mo. 0810		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
3. NAME OF DECEASED (Type or Print) a. (First) JACOB	b. (Middle) ALEX	c. (Last) SIMILY	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1954
5. SEX Male	6. COLOR OR RACE White	8. DATE OF BIRTH 8/15/1879	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired	10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (State or foreign country) Phelps Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Simily		13b. MOTHER'S MAIDEN NAME Martha Adams	
14. NAME OF HUSBAND OR WIFE Alma Simily (wife)		17. INFORMANT'S SIGNATURE OR NAME Alma Simily, Rt. 1, Rolla, Missouri	
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	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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>10-7</u> , 19 <u>54</u> , to <u>10-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>54</u> , and that death occurred at <u>7:15P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>E. E. Feind M.D.</i>		23b. ADDRESS Rolla Mo.	
23c. DATE SIGNED 10-11-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1954	
24c. NAME OF CEMETERY OR CREMATORY Rolla City		24d. LOCATION (City, town, or county) (State) Rolla, Missouri.	
DATE REC'D BY LOCAL REG. Oct. 11, 1954		REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl J. Glenn</i>		ADDRESS 1100 Elm, Rolla, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

OCT 18 1954

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 _____

Me

working under my personal supervision.

Student Embalmer No.

Carl J. Glenn
Carl J. Glenn

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address 1100 Elm, 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.