

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5845**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **24**

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

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. CITY OR TOWN St. James, Mo.	
c. LENGTH OF STAY (in this place) 27 Months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		STREET ADDRESS (If rural, give location) Soldiers Home	

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) R. c. (Last) SHILLIG			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 1, 1876		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY Housewife		
11. BIRTHPLACE (City and State or Foreign Country) Iowa City, Iowa			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Frederick W. Robenow		13b. MOTHER'S MAIDEN NAME Agnes Stolz		14. NAME OF HUSBAND OR WIFE Oscar J. Shillig (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nursing Home Records...Rolla Mo.,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fracture of femur			
		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 Diabetes mellitus Senile Dementia			
		Conditions contributing to the death but not related to the disease or condition causing death.			

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) 061	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **2013 years**, 19, to **2-16**, 1956 that I last saw the deceased alive on **2-9**, 1956 and that death occurred at **1:30A** m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind M.D. (Degree or title)			23b. ADDRESS Rolla mo.		23c. DATE SIGNED 2-17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	

DATE REC'D BY LOCAL REG. Feb. 17, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll 380		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home ADDRESS Rolla, Mo.	
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RECEIVED

Phelps County Health Officer,

County File Number 476

Date Filed FEB 24 1958

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 S. L. Miller.....
Licensed Embalmer No. 2391

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.