

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10096

State File No.

BIRTH NO. 17239-56 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 42

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 town) Rolla		c. CITY OR TOWN Rural-Rolla	
c. LENGTH OF STAY (in this place) 14 1/2 Hrs		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital		STREET ADDRESS (If rural, give location) Route 3 Box 27, Rolla Mo., 0810 D	
3. NAME OF DECEASED a. (First) Un-named infant female (Type or Print)		b. (Middle) DANIELS c. (Last) DANIELS	
4. DATE OF DEATH March 10, 1956		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH March 10, 1956		9. AGE (In years last birthday) 14 IF UNDER 1 YEAR Months 30 IF UNDER 24 HRS. Hours 14 Min. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	
11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Everett Daniels		13b. MOTHER'S MAIDEN NAME Dorothy Davis	
14. NAME OF HUSBAND OR WIFE XX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX	
16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Everett Daniels, Rt. 3 Box 27 Rolla Mo	
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) Premature - not quite 6 months - premature separation of placenta which caused labor to begin too early ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of placenta which caused labor to begin too early DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7615	
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 Mar 10 , 1956 to Mar 10 , 1956, that I last saw the deceased alive on Mar 10 , 1956, and that death occurred at 5:00P m., from the causes and on the date stated above.	
23a. SIGNATURE Richard E. Myers M.D. (Degree or title)		23b. ADDRESS Newburg Mo.	
23c. DATE SIGNED Mar 12, 56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Tennyson Cemetery	
24d. LOCATION (City, town, or county) (State) Near: Vichy, Maries, Mo.,		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	
DATE REC'D BY LOCAL REG. Mar. 13, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll	
25. FUNERAL DIRECTOR'S ADDRESS Rolla Mo.		By: Paul E. Null	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number- 360

Date Filed MAR 21 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 _____

Licensed Embalmer No. 44

P. O. Address _____ Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.