

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 1956

State File No. **21472**
Registrar's No. **113**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla)		c. LENGTH OF STAY (In this place) 8 Years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFarland Nursing Home				e. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE MATILDA ANN (KATIE)			b. (Middle) _____		c. (Last) VANCE		4. DATE OF DEATH (Month) (Day) (Year) June 16, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 9, 1864		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Days 8	IF UNDER 4 HRS. Hours 7 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No record		10b. KIND OF BUSINESS OR INDUSTRY No record		11. BIRTHPLACE (City and State or Foreign Country) Brown County, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James M. Vance			13b. MOTHER'S MAIDEN NAME Mary J. Neal		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No record		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nursing Home records ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of stomach 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.					INTERVAL BETWEEN ONSET AND DEATH 3	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 151x				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) _____		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 6-14, 1956 , to 6-14, 1956 , that I last saw the deceased alive on 6-14, 1956 , and that death occurred at 2:00A. m. , from the causes and on the date stated above.							
23a. SIGNATURE James M. Myers M.D. (Degree or title)				23b. ADDRESS Rolla, Mo		23c. DATE SIGNED 6/19/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Rolla, Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Missouri		
DATE REC'D BY LOCAL REG. June 19, 1956		REGISTRAR'S SIGNATURE Nadine L. Steele		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home ADDRESS Rolla Mo.,		By Paul E. Null	

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

RECEIVED

Phelps County Health Officer,

County File Number 453

Date Filed 6/25/56

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..... Paul E. N.

Licensed Embalmer No. 44

P. O. Address..... Rolla

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.