

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34991

State File No. ....

FILED OCT 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>	
b. CITY OR TOWN <b>Rolla</b>	c. LENGTH OF STAY (In this place township) <b>67 days</b>	c. CITY OR TOWN <b>Eminence</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps Com Memorial Hospital</b>		STREET ADDRESS (If rural, give location) <b>1010</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>NEWTON</b> c. (Last) <b>DETHERAGE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>None Widowed</b>	8. DATE OF BIRTH <b>Dec. 7, 1875</b>	9. AGE (In years last birthday) <b>80</b>	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) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Eminence, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>William Detherage</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Chilton</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Records Rolla, Mo.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anterior Septal Heart Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>End Anterior obliterans &amp; gangrene</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>	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) (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 8-16, 1956, to 10-5, 1956, that I last saw the deceased alive on 10-5, 1956 and that death occurred at 12: P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. [Signature]</b>	23b. ADDRESS <b>Rolla Mo</b>	23c. DATE SIGNED <b>10/6/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-6-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Eminence Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Eminence, Shannon, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 8, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin Glenn 1100 Elm, Rolla, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number S.S.O.

Date Filed OCT 15 1956

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, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Carl J. Glenn*  
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolle, 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.