

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42399**

FILED JAN 4 1957

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **238**

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) 7 days		c. CITY OR TOWN Rolla		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 Phelps County Mem. Hospital				e. STREET ADDRESS (If rural, give location) 1604 Martin Street					
3. NAME OF DECEASED (Type or Print) CHARLES			a. (First) CHARLES		b. (Middle) FALKENRATH		c. (Last)		
4. DATE OF DEATH December 24, 1956			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 3, 1876		9. AGE (In years last birthday) 80		
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Karl Falkenrath		13b. MOTHER'S MAIDEN NAME Minerva Roberts		14. NAME OF HUSBAND OR WIFE Sarah		
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		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sarah Falkenrath ADDRESS Rolla, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 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. 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.									
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			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 12/16 , 19 56 , to 12/24 , 19 56 , that I last saw the deceased alive on 12/24 , 19 56 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. F. Anderson M.D.					23b. ADDRESS 513 W 8th Rolla Mo			23c. DATE SIGNED 12/26/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Falkenrath Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County, Missouri			
DATE REC'D BY LOCAL REG. Dec. 26, 1956		REGISTRAR'S SIGNATURE Nadine L. Stoll			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null & Sons Funeral Home 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 611

Date Filed ~~JAN 2 1957~~

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. Nul*

Licensed Embalmer No..... *4498*

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.