

STANDARD CERTIFICATE OF DEATH

32933

FILED SEP 30 1957

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla, mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. JAMES, mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Hosp. Length of stay in lb 1 wk.		d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EVA Middle E. Last EARP			4. DATE OF DEATH Month Sept. Day 13 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 15, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month 4 Days 24 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) St. James, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Vince moonen			14. MOTHER'S MAIDEN NAME Celeste Stevens		
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. ---	17. INFORMANT W.T. EARP - ST. JAMES, MO Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Choleliths - and		?
DUE TO (c) Perforated duodenal ulcer		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Smility + Obesity -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour --- Month --- Day --- Year --- a. m. --- p. m. ---		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1939 to 9/13/57 and last saw her alive on 9/12/57 Death occurred at 1 PM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature] (Degree of title)	22b. ADDRESS St. James Mo	22c. DATE SIGNED 9-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept. 15, '57	23c. NAME OF CEMETERY OR CREMATORY MASONIC Cemetery	23d. LOCATION (City, town, or county) (State) ST. JAMES, MO
24. FUNERAL DIRECTOR Oral E. Lieblich - St. James, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 21, 1957	26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED

Phe'ps County Health Officer,

County File Number 820

Date Filed 9-25-59

FEB 5 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 me, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Orrel E. Licklied

Licensed Embalmer No. 35

P. O. Address St. James

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.