

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011010
STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 275 Primary Registration District No. 5939 Registrar's No. 57

300
-57
0
1

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, give TOWNSHIP only) OR TOWN Cold Spring		c. CITY OR TOWN Vida	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/4 Mi. No. Vida		d. STREET ADDRESS (If outside, give location) Gen. Delivery	
3. NAME OF DECEASED (Type or print) JAMES		4. DATE OF DEATH Mar. 18, 1958	
5. SEX Male		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 Nov. 10, 1865	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) State of Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John G. Rees		13b. MOTHER'S MAIDEN NAME Mary ?	
14. NAME OF HUSBAND OR WIFE Emma Rees		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 Address Mrs. Emma Rees, Vida, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic Nephritis DUE TO (c) 592X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH
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 <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 30 days to 4:00 and last saw ^{her} _{him} alive on 4:00 the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. E. Brewer, MD		22b. ADDRESS Rolla - Stocker Club	
22c. DATE SIGNED 3-18-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Mar. 20, 1958		23c. NAME OF CEMETERY OR CREMATORY Peck Cemetery	
23d. LOCATION (City, town, or county) Vida, Phelps Co., Mo.,		24. FUNERAL DIRECTOR ADDRESS Null & Sons Funeral Home, Rolla	
25. DATE RECD. BY LOCAL REG. Mar. 19, 1958		26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer,

County File Number 999

Date Filed 9-25-57

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. Mull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.