

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014696

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 99

AMENDED

FILED APR 28 1961

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 Rolla	Length of stay in lb 2 days	c. CITY OR TOWN Rolla	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phelps County Memorial Hospital		d. STREET ADDRESS (If outside, give location) 1102 East High Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLIAM ALONZO DEBO			4. DATE OF DEATH Month April Day 19 Year 1961		
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 6/27/95	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction Co.	11. BIRTHPLACE (City and state or country) Auxvasse, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Debo		13b. MOTHER'S MAIDEN NAME Nancy Jane Dunn		14. NAME OF HUSBAND OR WIFE Georgia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I			17. INFORMANT Address Mrs. Georgia Debo Rolla, 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) **Acute Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **28 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
DUE TO (b) **Arterio-sclerotic Heart Disease** **4-5 yrs.**

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 _____ a.m. _____ p.m.	Month, Day, Year _____	
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 **18 April 1961** to **19 April 1961** and last saw **her** him alive on **19 April 1961**
Death occurred at **4:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert B. Young M.D.	(Degree or title)	22b. ADDRESS Rolla, Mo	22c. DATE SIGNED 20 April 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr. 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) Mexico, Missouri
24. FUNERAL DIRECTOR Null & Son Funeral Home By Paul E. Null	ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Apr. 20, 1961	26. REGISTRAR'S SIGNATURE Nadene R. Stoll

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTAED OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD, READ
 BY AFFIDAVIT OF

MAY 17 1961

MAY 1 1961

MAY 27 1962

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. Null

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.