

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-003112
STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 1

FILED JAN 10 1962

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 Twp. Rolla		c. CITY OR TOWN Rolla	
Length of stay in lb 30 Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2, Rolla 1 Mile West City Limits.		d. STREET ADDRESS (If outside, give location) Route 2	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First GEORGE Middle WARNER Last WARNER			4. DATE OF DEATH Month January Day 2 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-25-84	9. AGE (last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter (Retd)		10b. KIND OF BUSINESS OR INDUSTRY Self Emp.		11. BIRTHPLACE (City and state or country) Rolla, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jacob Warner		13b. MOTHER'S MAIDEN NAME Anna	
14. NAME OF HUSBAND OR WIFE Never Married.		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. Unknown	
17. INFORMANT Mrs. Rose Spichal		Address 2260 W. 135 Place Blue Island, Ill.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Natural causes**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Found dead in bed by neighbors. Lived alone.**

DUE TO (c) **Neighbors. Lived alone.**

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.)
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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 _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nadene L. Stoll, Local Registrar		22b. ADDRESS Rolla, Missouri		22c. DATE SIGNED Jan 3, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
Burial	Jan. 5, 1962	Rolla, Cemetery	Rolla, Missouri.	
24. FUNERAL DIRECTOR By S. E. V. Miller	ADDRESS Null & Son Funeral Home... Rolla	25. DATE RECD. BY LOCAL REG. Jan. 3, 1962	26. REGISTRAR'S SIGNATURE Nadene L. Stoll	

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

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 D. L. Venable

Licensed Embalmer No. 3397

P. O. Address Raccoon, 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.