

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 29003

10/20/0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 444 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>		
b. CITY OR TOWN <b>Winona, Mo</b>		c. LENGTH OF STAY (in this place) <b>62 Years</b>	c. CITY OR TOWN <b>Winona, Mo</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			d. STREET ADDRESS <b>/</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nancy</b>			b. (Middle) <b>Ellen</b>	c. (Last) <b>Stark</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14 1949</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>April 6, 1886</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>Ironton Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John Gale</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Morgan</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C.A. Stark</b> ADDRESS <b>Winona, Mo</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b> 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. <b>2/10X</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <b>AUGUST 12, 1949</b> , to <b>AUG 12, 1949</b> , that I last saw the deceased alive on <b>AUG 12, 1949</b> , and that death occurred at <b>7:00</b> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>H. G. Rollins M.D.</b>		(Degree or title)	23b. ADDRESS <b>Winona, Mo</b>		23c. DATE SIGNED <b>Aug 19-1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Winona, Mo</b>	24b. DATE <b>Aug 16-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Winona, Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-20-49</b>	REGISTRAR'S SIGNATURE <b>Eda Rose</b>		306	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b> ADDRESS <b>Winona, Mo</b>	

**RECEIVED** 8/23/49  
**District Health Officer No. 5,**  
**District File Number** 849582  
**Date Filed** 8/24/49

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed James J. Amman  
Student Embalmer No. ....  
Licensed Embalmer No. 3516  
P. O. Address W. New York

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 this body is not embalmed, fact should be so stated above.