S. No. 300
v. 10.48

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43507

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3026 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 4 mo +
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
d. STREET ADDRESS (If rural, give location): 925 West Cherry Street

3. NAME OF DECEASED (Type or Print): a. (First) Jeanette b. (Middle) Isabel c. (Last) Dancey
4. DATE OF DEATH (Month) Dec. (Day) 14 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 27, 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8 Days 17 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeping
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXXXX
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Lowrey
13b. MOTHER'S MAIDEN NAME: Jeanette Bradley
14. NAME OF HUSBAND OR WIFE: Robert W. Dancey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Robert W. Dancey ADDRESS: Nevada, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of feet — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 15 yrs
DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 260X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* Dec. 14, 1949, *that I last saw the deceased alive on* Dec. 13, 1949, *and that death occurred at* 9:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Dancey (Degree or Title) — 23b. ADDRESS: Nevada Mo — 23c. DATE SIGNED: 12-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16 '49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Near Kansas City, Mo.

DATE REC'D BY LOCAL REG.: Dec. 15, 1949
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331c
25. FUNERAL DIRECTOR'S SIGNATURE: Allen V. Hays ADDRESS: Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 11-49-1483
Date Filed 12-19-49

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.