

FILED JUN 13 1951

STANDARD CERTIFICATE OF DEATH

17691  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Ripley Co Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor, Mo</u>	
c. LENGTH OF STAY (In this place)		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>K</u>	c. (Last) <u>VanHying</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>4</u> <u>25</u> <u>51</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/31/1878</u>	9. AGE (In years last birthday) <u>73</u>	10 UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	11 UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New London, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LeRoy Knickerbacker</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Morrett VanHying</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow VanHying</u>	ADDRESS <u>Naylor, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4202</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from 4/23, 1951, to 4/25, 1951, that I last saw the deceased alive on 4/23, 1951, and that death occurred at 11a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hevrolet Mo</u> (Degree or title)	23b. ADDRESS <u>Naylor Mo</u>	23c. DATE SIGNED <u>4/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Naylor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-27-51</u>	REGISTRAR'S SIGNATURE <u>Gish Funeral Home</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u> ADDRESS <u>Naylor, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0910  
0

5-11-51

RECEIVED

JUN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.

..... Student Embalmer No.....

Signed.....

*Bryan McCord*

Signed.....  
Student Embalmer

..... Licensed Embalmer No. *4079*

..... P. O. Address *Naylor 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.