

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4302

State File No. ....

FILED MAR 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>4118</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPARTA</u>		c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPARTA</u>		0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME OF IVAN GILLAND</u>				d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>PRESTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2 1952</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>APRIL 22 - 1868</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>MAYSVILLE - ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FLETCHER RAY</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN HUTCHINS</u>		14. NAME OF HUSBAND OR WIFE <u>JIM PRESTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.F.D., SPARTA, MO., WILLIAM PRESTON</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lytic Myocarditis &amp; Virus Pneumonia</u> DUE TO (c) <u>Arteriosclerosis &amp; Diabetes Mel.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		492X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Feb. 21 - 1952</u> , to <u>Mar. 2 - 1952</u> , that I last saw the deceased alive on <u>Mar. 2, 1952</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Dr. Warren H. Wilson, D.D.</u>			23b. ADDRESS <u>Sparta, Mo.</u>			23c. DATE SIGNED <u>Mar 6 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 4 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINDEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Helen Blevins</u> 454 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u>		ADDRESS <u>Cleves, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

7220

**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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.**