

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6162 State File No. 11732

FILED MAR 31 1952

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 20

40  
1

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

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u> c. LENGTH OF STAY (in this place) <u>Entire life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs - mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>A</u> c. (Last) <u>Friend</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>21</u> (Year) <u>1952</u>		
---	--	--	--	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 11 - 1870</u>	9. AGE (In years last birthday) <u>81-4-10</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------	----------------------------	---	---------------------------------------	--	------------------------	------------------------	-----------------------

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>Lanney Co. mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Lumen Hawkins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Beard</u>	14. NAME OF HUSBAND OR WIFE <u>William Friend (Dead)</u>
---	---	--

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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Friend</u> ADDRESS <u>Reeds Spring mo</u>
--	-----------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Hip (Femur)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 962X</u> <u>20</u>			

19a. DATE OF OPERATION <u>about mch 4/5</u>	19b. MAJOR FINDINGS OF OPERATION <u>Head of Femur fractured 104.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident at home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Reeds Sp Stone mo</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 1 1951</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall in kitchen</u>
---	---	---

22. I hereby certify that I attended the deceased from Feb 1, 1951, to mch 21, 1952, that I last saw the deceased alive on mch 21, 1952, and that death occurred at 1 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R S Shumate MD</u> (Degree or title)	23b. ADDRESS <u>Reeds Springs mo</u>	23c. DATE SIGNED <u>3/23/52</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eisenham</u>	24d. LOCATION (City, town, or county) (State) <u>Galena mo Mo.</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>March 22-52</u>	REGISTRAR'S SIGNATURE <u>Mr. J. Edmond Bussan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u> ADDRESS <u>Galena mo</u>
---	---	--

Pauline Murray (Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 3870

P. O. Address: Helena 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.