

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21647

State File No.

BIRTH NO. _____ REG. DIST. NO. 914 PRIMARY REG. DIST. NO. 6009 Registrar's No. 80

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

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| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clair</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Collins rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collins</u> <u>0930</u> | |
| c. LENGTH OF STAY (In this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>Collins Township</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Collins Township</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Nance</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1952</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 12, 1880</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Louis Draelants</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Nance</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) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Nance - Collins</u> | ADDRESS <u>Collins</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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial weakness and failure.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Lung Hemorrhage</u> | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1951, 1951, to June 4, 1952 that I last saw the deceased alive on June 4, 1952, and that death occurred at 8:00 P. m. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. R. Easton</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Trumbull Mo</u> | 23c. DATE SIGNED <u>June 4, 1952</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/6/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u> | 24d. LOCATION (City, town, or county) (State) <u>Collins Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>6-5-52</u> | REGISTRAR'S SIGNATURE <u>Paul Seavers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u> | ADDRESS <u>Orinda</u> |
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *J. B. Beal*

Licensed Embalmer No. *3038*

P. O. Address *Osceola 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.