

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37417

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY **VERNON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **VERNON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NEVADA** c. LENGTH OF STAY (in this place) **11 YEARS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NEVADA** **1082**

d. FULL NAME OF HOSPITAL OR INSTITUTION **805 N. ASH ST.** d. STREET ADDRESS (If rural, give location) **805 N ASH ST.**

3. NAME OF DECEASED a. (First) **NANNIE** b. (Middle) **M.** c. (Last) **ANDERSON** 4. DATE OF DEATH (Month) (Day) (Year) **OCTOBER-14-1952**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **APRIL-11-1860** 9. AGE (in years last birthday) **92** If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (City and State or Foreign Country) **LIBERTY, MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES SHACKELFORD** 13b. MOTHER'S MAIDEN NAME **ELLA BALLARD** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Van Smith - Nevada, Missouri** ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral vascular accident** INTERVAL BETWEEN ONSET AND DEATH **7 days**
ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerosis** **Several years**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
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 _____ 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) **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **10-12**, 1952, to **10-14**, 1952, that I last saw the deceased alive on **10-13**, 1952, and that death occurred at **2 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **R. E. Morris M.D.** (Degree or title) **Nevada, Mo.** 23b. ADDRESS _____ 23c. DATE SIGNED **10-16-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **OCT-16-1952** 24c. NAME OF CEMETERY OR CREMATORY **GREEN LAWN CEMETERY** 24d. LOCATION (City, town, or county) (State) **RICH HILL, MISSOURI**

DATE REC'D BY LOCAL REG. **10-16-52** REGISTRAR'S SIGNATURE **Anna E. Ferry** 25. FUNERAL DIRECTOR'S SIGNATURE **Booth Funeral Home - Rich Hill, Mo.** ADDRESS _____

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

MAR 30 1954

NOV 5 1952

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

Robert G. Stenbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.