

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36466

State File No.

FILED NOV 12 1953

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 84

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| 1. PLACE OF DEATH a. COUNTY <u>McDONALD</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>McDONALD</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SENECA</u> <u>0600</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NONE</u> | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>BLACK</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-1-53</u> | | |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>12-8-1906</u> | 9. AGE (In years last birthday) <u>46</u> | if UNDER 1 YEAR Days <u>10</u> | if UNDER 24 HOURS Min. <u>23</u> |
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| 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>SAME</u> | 11. BIRTHPLACE (State or foreign country) <u>DIXON, MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>JOHN FRITCHEY</u> | 13b. MOTHER'S MAIDEN NAME <u>ALICE JONES</u> | 14. NAME OF HUSBAND OR WIFE <u>C.C. BLACK</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>C.C. BLACK</u> | ADDRESS <u>SENECA, 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, asphyxia, 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>Broken Neck</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</u> DUE TO (c) _____ II. 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 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LANAGAN-McDONALD, MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-1-53 6:00 P.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Auto-Wreck on Public Highway</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. E. Riddlecome</u> (Degree or title) | 23b. ADDRESS <u>Mo. Missouri</u> | 23c. DATE SIGNED <u>11-3-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-5-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>SENECA</u> | 24d. LOCATION (City, town, or county) (State) <u>SENECA, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-6-1953</u> | REGISTRAR'S SIGNATURE <u>Marjorie Humphrey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Riddlecome</u> | ADDRESS <u>Seneca, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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

H. M. Humphrey Jr.

Licensed Embalmer No. 4768

P. O. Address Noel 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.