

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7560

State File No.

FILED FEB 16 1954		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 6225	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY <u>Ternon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> 0541		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>6</u> <u>54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1-24-1861</u>	9. AGE (In years last birthday) <u>93</u> if UNDER 1 YEAR Months <u>0</u> Days <u>12</u> if UNDER 6 Hrs. Hours <u></u> Min. <u></u>
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>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J. H. Nelson</u> ADDRESS <u>Columbia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 years +</u>
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) <u>4200</u>
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 <u>C</u>
22. I hereby certify that I attended the deceased from <u>1-15-1952</u> to <u>2-6-1954</u> , that I last saw the deceased alive on <u>1-6-1954</u> , and that death occurred at <u>5:25 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. H. Nelson M.D.</u>		23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>2-6-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-54</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Greenlawn Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lincoln W. H. ...</u> ADDRESS <u>Springfield, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-12-54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> ADDRESS <u>451 ...</u>		

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 _____

Licensed Embalmer No. 4532

P. O. Address Merida, Mex

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.