

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11872

State File No.

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROWNINGTON RR # 1</u>	
c. LENGTH OF STAY (In this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>.04 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Gen Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BIRDETT</u>	b. (Middle) <u>ELWOOD</u>	c. (Last) <u>NANCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 21, 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAY 1, 1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 1 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ret FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Hickory Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>P. N. NANCE</u>	13b. MOTHER'S MAIDEN NAME <u>Prudence Daniels</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Floyd Edwards</u>	ADDRESS <u>Brownington Rt #</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rt side of face</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.			

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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>191X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Oct 12, 1953, to April 21, 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Smith</u>	(Degree or title) _____	23b. ADDRESS <u>Clinton, Missouri</u>	23c. DATE SIGNED <u>4-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOME</u>	24d. LOCATION (City, town, or county) (State) <u>Hickory Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Pearson</u>	ADDRESS <u>Warsaw</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

John F. Riser

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.