

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22876**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>WEST PLAINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEST PLAINS</u>	
c. LENGTH OF STAY (in this place) <u>59 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>812 WEBSTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence.</u>			

3. NAME OF DECEASED (Type or Print) <u>NANNIE CECELIA TORIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>
8. DATE OF BIRTH <u>DEC. 16, 1863</u>	9. AGE (In years last birthday) <u>90</u>	10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) <u>NURSE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOSPITAL</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Benj Franklin Mantz</u>	13b. MOTHER'S MAIDEN NAME <u>Eliz Jane Seaver</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Torian</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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bess Palenske</u>	ADDRESS <u>W. Plains, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility (without dementia)</u>		ONSET AND DEATH <u>3 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Herpes Zoster</u>		<u>3 mo</u>
	DUE TO (c) <u>Fracture right humerus</u>		<u>oct '53</u>
	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) <u>046</u> (STATE)
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?

22. I hereby certify that I attended the deceased from May, 1954, to July 25, 1954, that I last saw the deceased alive on July 24, 1954 and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Virgil A. Bailey</u>	(Degree or title) <u>D. of West Plains Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>8-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 27 '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN CEM</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Shoumough</u>	ADDRESS <u>W. Plains, Mo.</u>
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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 ~~my~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Hal Lambuth

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.