

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21232

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>731</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> <u>0250</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u> <u>0</u> township)		c. LENGTH OF STAY (in this place) <u>4 1/2 months</u>		c. CITY OR TOWN <u>Plattsburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>401 Maple</u>			
3. NAME OF DECEASED a. (First) <u>NANCY ELIZABETH</u> b. (Middle) <u>SERELDA BELLE</u> c. (Last) - <u>PUCKETT ROWLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12, 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 9, 1869</u>	
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton County, Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Josephus Puckett</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Poage</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas A. Rowland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth L. Boyd, 26 1st St., Napa, California</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>  ANTECEDENT CAUSES <u>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hip Fracture 10-18-54</u> DUE TO (c) <u>General Debility</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>9040</u> <u>21</u> <u>025</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Plattsburg, Clinton, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 18, 1954</u> <u>5:45P</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in her home</u>			
22. I hereby certify that I attended the deceased from <u>Oct 18, 1954</u> to <u>July 12, 1955</u> , that I last saw the deceased alive on <u>July 12, 1955</u> , and that death occurred at <u>8:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. W. Hayward, D.D.S.</u>				23b. ADDRESS <u>Plattsburg, Missouri</u>		23c. DATE SIGNED <u>July 22, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 22, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N. P. Lyon Plattsburg, Mo.</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.....  
Signature of Student Embalmer

Signed *Danell D. Lyon*.....

Licensed Embalmer No. *3646*.....

P. O. Address *Plattsburgh, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.