

FILED JUL 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22522

State File No. 22522

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 4240		Registrar's No. 126		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Blue Springs)		c. LENGTH OF STAY (in this place) 25 Yrs		c. CITY OR TOWN Blue Springs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION City				e. STREET ADDRESS (If rural, give location) City				
3. NAME OF DECEASED (Type or Print) Nannie Bills			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH Julv-11-1955			5. SEX Fm Wh		
6. COLOR OR RACE Wh			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW			8. DATE OF BIRTH Oct-4-1882		
9. AGE (In years last birthday) 72			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret House Wife			11. BIRTHPLACE (City and State or Foreign Country) Blue Mills Ferry Mo		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jesse Danniels			13b. MOTHER'S MAIDEN NAME Anna Ware		
14. NAME OF HUSBAND OR WIFE Guy - Deceased			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Gertrude Chapin			ADDRESS Blue Springs Mo			18. CAUSE OF DEATH		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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 7-5, 1953, to 7-11, 1955, that I last saw the deceased alive on 6-11, 1955, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Merrill R. Bay M.D.			23b. ADDRESS Blue Spring Mo			23c. DATE SIGNED 7-12-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE July-14-55			24c. NAME OF CEMETERY OR CREMATORY Blue Springs		
24d. LOCATION (City, town, or county) Blue Springs Mo			24e. LOCATION (City, town, or county) (State)			24f. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG 7/13/55			REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home Blue Springs Mo		

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..... *R. Blunt*

Licensed Embalmer No. *231*

P. O. Address *Blunt*

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.