

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29339

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 34

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Crawford | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TEXAS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural ✓ | | c. CITY OR TOWN Sebastian | |
| c. LENGTH OF STAY (In this place) 5 years | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Meramec Nursing Home | | STREET ADDRESS (If rural, give location) 842 S | |

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|---|------------|----------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print) Nancy | a. (First) | b. (Middle) C. | c. (Last) Wilson | 4. DATE OF DEATH (Month) (Day) (Year) 9 - 20 - 55 |
|---|------------|----------------|------------------|---|

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|---------------|------------------------|--|---------------------------|------------------------------------|--------------------------|--------------------------|---------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 12-23-58 | 9. AGE (In years last birthday) 96 | IF UNDER 1 YEAR Months 8 | IF UNDER 24 HRS. Days 27 | Hours 1 | Min. |
|---------------|------------------------|--|---------------------------|------------------------------------|--------------------------|--------------------------|---------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Dent County Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs Nellie Myron Steelville Mo | ADDRESS Steelville Mo |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of age | | INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| | DUE TO (c) 4500 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Nov. 26, 1953, to Sept 20, 1955, that I last saw the deceased alive on Sept 20, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

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|---------------------------|------------------------|----------------------------|--------------------------|
| 23a. SIGNATURE Mrs. Rober | (Degree or title) Doct | 23b. ADDRESS Steelville Mo | 23c. DATE SIGNED 9/23/55 |
|---------------------------|------------------------|----------------------------|--------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-22-55 | 24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery | 24d. LOCATION (City, town, or county) (State) Salem Missouri |
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| DATE REC'D BY LOCAL REG. 9/30/55 | REGISTRAR'S SIGNATURE Mrs. Hazel Lichius | 25. FUNERAL DIRECTOR'S SIGNATURE Harry M. Jonas | ADDRESS Steelville |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Harry M. Jones

Licensed Embalmer No. 262

P. O. Address Steelville

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.