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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20037**

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4145** Registrar's No. **68**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Daviness</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gallatin</b> c. LENGTH OF STAY (in this place) <b>Life</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>---</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviness</b> c. CITY OR TOWN <b>Gallatin</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>---</b> <span style="float: right;"><b>0310</b></span>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>Hazel</b>	a. (First) <b>Hazel</b>	b. (Middle) <b>Ellen</b>	c. (Last) <b>Roney</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 4 1956</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 28 1905</b>	<b>9. AGE</b> (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>	IF UNDER 1 HRS. Hours <b>---</b> Mins. <b>---</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>House Work</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Gallatin, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Grant Roney</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ida Paxton</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>---</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>500-09-6608</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Ida Burton, Gallatin, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Uterus</b> 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.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 yrs</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <span style="float: right;"><b>174X</b></span>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from June 1, 1956, to June 4, 1956, that I last saw the deceased alive on June 4, 1956 and that death occurred at 4 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Floyd E. Nelson M.D.</b>	<b>23b. ADDRESS</b> <b>Gallatin Mo.</b>	<b>23c. DATE SIGNED</b> <b>6-6-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>6-7-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Brown Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Gallatin, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>15 June 56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Vergenia M Engelhart</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>
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JUN 20 1956

**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 *L. O. Dickerson*.....

Licensed Embalmer No. *330*

P. O. Address *Dallator*.....

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.