No. 300
10-46

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23213

State File No.

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 21

0280

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STEELVILLE
c. LENGTH OF STAY (In this place): 4 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERAMEC NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CRAWFORD
c. CITY OR TOWN: STEELVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0280

3. NAME OF DECEASED (Type or Print)
a. (First): NANCY
b. (Middle): REBECCA
c. (Last): COUNTS

4. DATE OF DEATH (Month) (Day) (Year): AUG. 4-1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 29-1879
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): SLIGO, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HUGH BERRY
13b. MOTHER'S MAIDEN NAME: MATILDA HUTSON
14. NAME OF HUSBAND OR WIFE: THOMAS J. COUNTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. JOE WYNN
ADDRESS: STEELVILLE, MO.

MEDICAL CERTIFICATION

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): Senile debility — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 794 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1850, *to* July 17 1956, *that I last saw the deceased alive on* July 17, 1956 *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): D.O.
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: 8/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 6-1956
24c. NAME OF CEMETERY OR CREMATORY: ROBERTS CEMETERY
24d. LOCATION (City, town, or county) (State): CRAWFORD COUNTY, MO.

DATE REC'D BY LOCAL REG.: 8/9/56
REGISTRAR'S SIGNATURE: Mrs. Hazel Lichiud
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas S. Gaddis
ADDRESS: STEELVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

505

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas S. Hilbert.....

Licensed Embalmer No. 433

P. O. Address Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.