Health, Welfare Public Service

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FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25775
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital — Length of stay in Hospital: 2mo. 14da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada 1082 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 405 E. Locust — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Ressia Middle: M Last: Fife
4. DATE OF DEATH Month: July Day: 13 Year: 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 28, 1888
9. AGE (In years last birthday) 68 — 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) Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nursing home
11. BIRTHPLACE (City and state or country) Eve, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Henry Fife
14. MOTHER'S MAIDEN NAME Sarah Jane Cecil
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. 493-38-8227
17. INFORMANT Address: Mrs. W.W. Fabra- Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4½ mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bilateral carcinoma of breasts — 14 mos.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Refused surgery. 170X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-14 1944, to 7-14-56 and last saw her/him alive on 7-13-56
Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. L. Hardin (Degree or title) M.D.
22b. ADDRESS Nevada
22c. DATE SIGNED 7-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 16, 56
23c. NAME OF CEMETERY OR CREMATORY Deerfield Cemetery
23d. LOCATION (City, town, or county) (State) Deerfield, Missouri

24. FUNERAL DIRECTOR ADDRESS Eichinger Funeral Home Nevada, Mo.
25. DATE RECD. BY LOCAL REG. 7-16-1956
26. REGISTRAR'S SIGNATURE Amos E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Percy F. Milstead

Licensed Embalmer No. 480

P. O. Address Nevada

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