

FILED OCT 15 1956

STANDARD CERTIFICATE OF DEATH

31140

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 139

3000
1-56

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

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 SOUTH HALL			Length of stay in lb		d. STREET (If outside, give location) ADDRESS 222 SOUTH HALL		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last NANCY ELIZABETH CULTON				4. DATE OF DEATH Month Day Year OCTOBER 6 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCTOBER 22, 1870		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) JENKINS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME HENRY SCOTT				14. MOTHER'S MAIDEN NAME SARAH GARRISON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address BERNETTIE FAHRMAN WEBB CITY, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>At once</u> <u>Today</u> <u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 10 -		COUNTY STATE	
21. I attended the deceased from <u>9-21-56</u> to <u>10-6-56</u> and last saw <u>her</u> alive on <u>10-1-56</u> in <u>Webb City</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>				22b. ADDRESS <u>Webb City, Mo</u>		22c. DATE SIGNED <u>10-6-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-8-1956	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		23d. LOCATION (City, town, or county) (State) RURAL <u>Joplin</u> MO		
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO				25. DATE RECD. BY LOCAL REG. <u>10-6-56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

1956
Lecport County Health Office
County File Number 56-10-184
Date Filed *10/18*

5-10-1956

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. J. Lewis*

Licensed Embalmer No. *450*

P. O. Address *Williston*

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.