Health, Welfare Public Service

300
1-56

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31481
STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 Cleveland — Length of stay in 1b 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles, 71C — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 401 Cleveland — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Nancy Middle Elizabeth Last Elley
4. DATE OF DEATH Month Sept. Day 14 Year 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Oct. 2, 1871
9. AGE (In years last birthday) 84 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Calloway Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME J. T. Hinton
14. MOTHER'S MAIDEN NAME Sarah Hinton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs Nevelle Flattman Versailles, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Advanced generalized arteriosclerosis — 5 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Multiple small cerebral thrombi for past year
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X
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 June 1955 to Sept. 14 1956 and last saw her ~~him~~ alive on Sept 14, 1956
Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Finn (Degree or title) M.D.
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED 9.16.56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 16 Sept. 56
23c. NAME OF CEMETERY OR CREMATORY Big Rock Cemetery
23d. LOCATION (City, town, or county) (State) Morgan Co., Mo.

24. FUNERAL DIRECTOR W. F. Kidwell ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 9-18-56
26. REGISTRAR'S SIGNATURE [illegible]

(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

-14-17

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond C. Forke

Licensed Embalmer No. 46

P. O. Address Vernon

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.