

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31822**

No. 300
10-48

FILED SEP 24 1956

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

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 6065		Registrar's No. 58	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Clair		b. CITY OR TOWN Rural- Osceola		a. STATE Missouri		b. COUNTY St. Clair	
c. CITY OR TOWN Rural- Osceola		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural- Osceola		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi; E- Osceola				e. STREET ADDRESS (If rural, give location) 4 mi; E- Osceola			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Nettie Alice		b. (Middle) Howell		c. (Last) Ventling		a. (Month) Sept ; b. (Day) 9 ; c. (Year) 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr; 15, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
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 Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John C. Batts		13b. MOTHER'S MAIDEN NAME Alice E. Thomas		14. NAME OF HUSBAND OR WIFE Morris Ventling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Morris Ventling, Osceola Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal metastases of metastases of carcinoma of breast.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 9		19b. MAJOR FINDINGS OF OPERATION Carcinoma - Present & removed 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 2, 1956 to Sept 29, 1956 , that I last saw the deceased alive on Sept 29, 1956 , and that death occurred at 8:00 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ruth Seewers M.D.				23b. ADDRESS Osceola Missouri		23c. DATE SIGNED 9-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/13/56		24c. NAME OF CEMETERY OR CREMATORY Bear Creek		24d. LOCATION (City, town, or county) (State) Osceola Mo	
DATE REC'D BY LOCAL REG. 9-12-56		REGISTRAR'S SIGNATURE Ruth Seewers		25. FUNERAL DIRECTOR'S SIGNATURE Goodrich Funeral Home Osceola Mo			

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 *J B Goodrich*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Greene*.....

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.