

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42591

STATE FILE NUMBER

FILED JAN 3 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS T.S. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN FARMINGTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEOPATHIC HOSPITAL Length of stay in 1b				d. STREET ADDRESS (If outside, give location) 117 N. JACKSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last NANCY ELLEN JOSEPHINE CLANIN				4. DATE OF DEATH Month Day Year DEC. 22, 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 Mar. 13, 1896	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME JACOB LINCOLN				14. MOTHER'S MAIDEN NAME SARAH ANN BARNETT			
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. 499-24-3522		17. INFORMANT Address JAMES WILKINSON, FARMINGTON, 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) CORONARY OCCLUSION DUE TO (b) ARTERIOSCLEROTIC HEART Dx DUE TO (c) COMPRESSIVE HEART FAILURE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Obesity						INTERVAL BETWEEN ONSET AND DEATH 10 min. Sec. Yes Sec. Yes	
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 WORK <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		COUNTY STATE	
21. I attended the deceased from 12-8-56 to 12-22-56 and last saw her alive on 12-22-56 Death occurred at 8:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marvin L. Silsbee D.				22b. ADDRESS Farmington Mo.		22c. DATE SIGNED 12-22-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Dec. 24, 1956		23c. NAME OF CEMETERY OR CREMATORY PARKVIEW, CEMETARY		23d. LOCATION (City, town, or county) (State) FARMINGTON, MO.	
24. FUNERAL DIRECTOR ADDRESS Gozean Funeral Home, Farm., Mo.				25. DATE RECD. BY LOCAL REG. Dec. 22, 1956		26. REGISTRAR'S SIGNATURE Cathie Riddloff	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard diseases in Part I must be causally related.

th, ffare lic vice

56

89-0

156-8 8241

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.....
W. Cozeman

Licensed Embalmer No.

P. O. Address.....
Sampton

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