

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11784

State File No. ....

Wilson  
 FILED MAR 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Eminence</u>		c. LENGTH OF STAY (in this place) <u>41 yrs</u>	c. CITY OR TOWN <u>West Eminence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Foley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 27 1870</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>G. E. Calub</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Head</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie May Ballance Winona, Missouri</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis &amp; Hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>334x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 \_\_\_\_\_, 1957, to 2-19-57, 19\_\_\_\_, that I last saw the deceased alive on 2-19-57, 19\_\_\_\_, and that death occurred at 5:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Wilson</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Eminence Mo</u>		23c. DATE SIGNED <u>3-18-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>2-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncel Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3-25-57</u>		REGISTRAR'S SIGNATURE <u>Maude Collins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mt. View, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

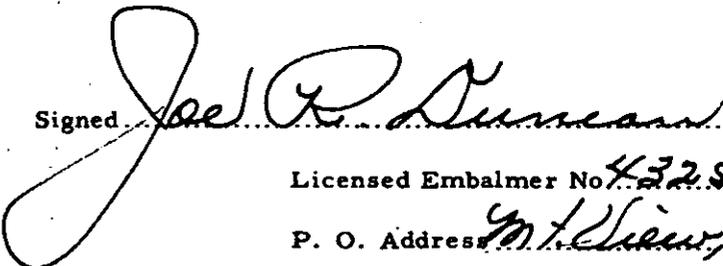
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4325

P. O. Address Mt. View, N.Y.

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.