

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23453**

FILED AUG 6 1957

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 103

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY OR TOWN <u>Monett</u> | | c. CITY OR TOWN <u>Monett</u> | |
| c. LENGTH OF STAY (in this place) <u>years</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>208-9th St. 0051</u> | |

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|--|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>May</u> c. (Last) <u>English</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30-1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 13-1885</u> | | 9. AGE (In years last birthday) <u>72</u> Months <u>2</u> Days <u>17</u> |
| 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 <u>Housework</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> | |
| 13a. FATHER'S NAME <u>Fred W Kautz</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth (unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>Roy W. English (Dec'd)</u> |
| 15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Raymond English, Tulsa, Okla</u> ADDRESS _____ | | |

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|--|--|--|--|--|--|
| 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>Acute myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</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>4200</u> | | 21f. HOW DID INJURY OCCUR? |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |

22. I hereby certify that I attended the deceased from 7-28, 1957, to 7-30, 1957, that I last saw the deceased alive on 7-30, 1957, and that death occurred at 6:30pm., from the causes and on the date stated above.

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|--|--|---|---|--------------------------------|
| 23a. SIGNATURE <u>F. L. Edwards M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Monett Mo</u> | | 23c. DATE SIGNED <u>8-1-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 3-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-3-57</u> | REGISTRAR'S SIGNATURE <u>Ma P. N. Coal</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Wormington</u> ADDRESS <u>Monett, Mo.</u> | |

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 857-131

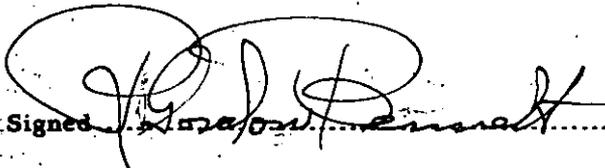
DATE REC. 8-5-57

SEP 30 1957

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. 4213

P. O. Address Monett, Mo.

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.