

FILED JUL 29 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24298

STATE FILE NUMBER

 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 518

1. PLACE OF DEATH a. COUNTY <u>Henry Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Water</u> Length of stay in lb <u>1 year</u>		d. STREET ADDRESS (If outside, give location) <u>RR#1</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Nancy Viola LANE</u> First <u>Viola</u> Middle <u>LANE</u> Last		4. DATE OF DEATH <u>July 14 1957</u> Month <u>July</u> Day <u>14</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 11 1899</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Benton Co MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>MATHeson Woods</u>	
14. MOTHER'S MAIDEN NAME <u>FRancis FOSTER</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. <u>947-28-6672</u>		17. INFORMANT <u>HENRY LANE</u> Address <u>Clinton MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombotic Phlebotomy</u> DUE TO (c) <u>Cause unclear 4/20/14</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Endometrial Carcinoma Stage III</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>5:15</u> Month <u>July</u> Day <u>14</u> Year <u>1957</u> a. m. <u>p. m.</u>			
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 <u>July 8</u> to <u>July 14</u> and last saw her alive on <u>July 13</u> Death occurred at <u>5:15 p. m.</u> on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence Williams</u> (Degree or title)		22b. ADDRESS <u>116-E Ohio</u>	22c. DATE SIGNED <u>7/14/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7/19/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARKS CEM</u>	23d. LOCATION (City, town, or county) (State) <u>NEAR COAK MO</u>
24. FUNERAL DIRECTOR <u>J S Conrader</u> ADDRESS <u>Clinton</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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. E. Consalus*.....

Licensed Embalmer No. *108*

P. O. Address *Clinton*

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.