

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35012**

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4066 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Washington</u> b. COUNTY <u>Kingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston</u>		c. CITY OR TOWN <u>Napavine</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) <u>846 S</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Post</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 21 1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-5-1885</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cowgill, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Millard F. Mc Cray</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Agnes Bliss</u>	14. NAME OF HUSBAND OR WIFE <u>Edgar T Post</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>588-22-5236</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Atha Crockett, Kingston, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of bowel</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>B</u>			

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>153X</u>

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 <u>July 24, 1957</u> , to <u>Oct 21, 1957</u> , that I last saw the deceased alive on <u>Feb 20, 1957</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>Howard Carter M.D.</u>	23b. ADDRESS <u>Hamilton, Mo</u>	23c. DATE SIGNED <u>Oct 22, 1957</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-23-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov-1-57</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Cramer Clark, Kingston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Cramer Clark*

Licensed Embalmer No. 3257.....

P. O. Address Kingston, 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.