

Health,  
& Welfare  
Public  
Health Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Securing the medical certificate in the specified manner required by 193.140 MAR 3 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36804  
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Peru</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peru</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cantersville, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>309 E. 7th</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>309 E. 7th</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Cantersville, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Mattie</u> Middle <u>B.</u> Last <u>NATIONS</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 9, 1896</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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		11. BIRTHPLACE (City and state or country) <u>Cantersville, Mo.</u>		
13. FATHER'S NAME <u>James H. Walker</u>				14. MOTHER'S MAIDEN NAME <u>Ollie Farris</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Nelly Ransburg</u>		Address		
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Circulatory failure</u>		30 min.		30 min.		
		DUE TO (c) <u>Myocardial failure</u>		30 min.		30 min.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? <u>522X</u> YES <input type="checkbox"/> NO <input 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></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></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>Oct 10 57</u> to <u>Oct 10 57</u> and last saw her <u>alive</u> on <u>Oct 10 57</u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Marie M. Cantersville</u>				22b. ADDRESS <u>Cantersville</u>		22c. DATE SIGNED <u>10/21/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>10-12-57</u>		<u>Little Prairie</u>		<u>Cantersville, Mo.</u>		
24. FUNERAL DIRECTOR <u>Lafarge Und-Co.</u>			ADDRESS <u>Cantersville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 30 1957</u>		26. REGISTRAR'S SIGNATURE <u>Lucie B. Welke</u>	

(Licensed Embalmer's Statement on Reverse Side)

11-319-57

NOV 14 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *Noel C. Seave*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

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.