

Health,
Welfare
Public
Service

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010358
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 133

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1701 W. 4 th		Length of stay in 1b 80 Years	d. STREET ADDRESS (If outside, give location) 1701 W. 4 th St.

3. NAME OF DECEASED (Type or print) First Middle Last Nancy Elizabeth Ender ATKESON			4. DATE OF DEATH Month Day Year March 16, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Mc Donald County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christopher F. Ethridge	13b. MOTHER'S MAIDEN NAME Nancy Shell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Ida May Enders 1701 W. 4 th Street
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive heart disease DUE TO (b) Hypertension DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 yr 7
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? 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.) 443 X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 4-30-57, to 3-16-58 and last saw her alive on 3-15-58 Death occurred at 12:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J. Hamilton, M.D.</i>	22b. ADDRESS Medical Arts Bldg, Joplin, Mo.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-18-58	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	23d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
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24. FUNERAL DIRECTOR Thornhill-Dillon Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 3-19-1958	26. REGISTRAR'S SIGNATURE <i>Mr. Dove Meridian</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 24-1958
Date Filed 58-3-28

MAR 26 1958

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 W. H. Huddleston

Licensed Embalmer No. 4770
P. O. Address Joplin, 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.