DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036839
STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 299

AMENDED

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothie — Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan Rest Home — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer
c. CITY OR TOWN Princeton — Inside Limits: Yes # ☐ No ☐
d. STREET ADDRESS (If outside, give location) ********** — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First Nellie Middle M. Last Hollcroft
4. DATE OF DEATH: Month IO Day 8 Year 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: Aug. 4-1879
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months 2 Days 4 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Mercer County --Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Colson Cater
13b. MOTHER'S MAIDEN NAME: Sarah Barnes
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Oval Craig--Independence -Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Vascular Accident	2 mo.
DUE TO (c)	Senility	10 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-6-57, to 10-7-59. and last saw her/him alive on
Death occurred at 10-8-59 7 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Mathenny DO.
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 10-17-59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: IO-IO-59
23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
23d. LOCATION (City, town, or county) (State): Mercer County—Mo.

24. FUNERAL DIRECTOR: Martin & Azbell Funeral Home ADDRESS: Princeton-Mo.
Ryman E. Azbell (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 10/17/59
26. REGISTRAR'S SIGNATURE: Francis B Neill

DOCUMENT BY AFFIDAVIT OF

OCT 30 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 m

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman E. Offell

Licensed Embalmer No. 5020

P.O. Address Princeton--Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.