ept. Health, c., & Welfare
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V. S. 300
Rev. 1-57

FILED VS JAN 13 1961

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-046703
STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 5649 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce township — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile north PC — Length of stay in lb 10 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence

c. CITY OR TOWN Pierce City Mo. — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 1 mile north PC — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Nellie Middle Hinkle Last Daggett

4. DATE OF DEATH Month 12 Day 31 Year 1960

5. SEX Fe

6. COLOR OR RACE Wh

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 12-17-1898

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months 14 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Texas County Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sam Hinkle

13b. MOTHER'S MAIDEN NAME Nannie Sorrells

14. NAME OF HUSBAND OR WIFE William H. Daggett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-26-2621

17. INFORMANT William H. Daggett Address Pierce City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bilateral Hemorrhagic Pneumonitis — Unknown

DUE TO (c) Upper Respiratory Infection — Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca of Uterus, Impacted Gall Stone 493X H

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 July 2 1960, to Dec 31 1960 and last saw her/him alive on Dec 30 1960

Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E George D.O.

22b. ADDRESS Mt Vernon Mo

22c. DATE SIGNED 1/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-2-1961

23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery

23d. LOCATION (City, town, or county) (State) Monett, Mo.

24. FUNERAL DIRECTOR Wilks Bros. ADDRESS Pierce City, Mo.

25. DATE RECD. BY LOCAL REG. 1-5-61

26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS DEC 12 1961

Rec. 1-10-62

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 Edwin Wilks

Licensed Embalmer No. 413

P. O. Address Pierce City, 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.