

FILED MAY 19 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69 0018994

CERTIFICATE OF DEATH

Registration District No. 11 Primary Registration District No. 5038 Registrar's No. 42

VS 300 Rev. 1/68			DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Nancy Laurana ROSE			2. female			3. May 7, 1969				
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH		
4. white			5a. 90	5b.	5c.	6. Feb. 9, 1879		7a. Barry		
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Washburn			7c. no	7d. Ash Township						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Arkansas			9. USA		10. Widowed		11.			
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY				
12. 498-54-5880-T			13a. housewife			13b. home				
RESIDENCE—STATE COUNTY			CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. Missouri 14b. Barry			14c. Washburn		14d. no		14e. Route #1			
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST							
15. J. D. Bowman			16. Mary Anne Stephens							
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Mrs. Belle Lawson					17b. Route #1 Washburn, Missouri 65772					
PART I DEATH WAS CAUSED BY.			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18 IMMEDIATE CAUSE			(a) Coronary thrombosis							
DUE TO, OR AS A CONSEQUENCE OF:			(b)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (d), STATING THE UNDERLYING CAUSE LAST			(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
						19a. No		19b.		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.		20c.		M. 20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.		20g.						
CERTIFICATION—PHYSICIAN:			MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. DECEASED FROM			Nov 24 1965		21b. May 7 1969		21c. Apr 24 1969		21d. did not	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR		HOUR			
22a.			M. 22b.							
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. G H Johnson D.O.			23b. G H Johnson D.O.			23c. Dr.		23d. May 9, 1969		
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.			CITY OR TOWN		STATE		ZIP
23a.			301 W 8th Street			Cassville, Missouri		65625		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION		CITY OR TOWN		STATE	
24a. Burial		24b. Kings Cemetery			24c. Barry County, Missouri					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24d. May 10, 1969		25a. Culver's P.O. Box 266 Cassville, Mo. 65625								
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR				
25b. Margaret C. Neubert			26a. Threse Williams			26b. May 10-69				

DO NOT WRITE ON THIS STUB

9. 1

10a. 90

10b. 5.

11. 1

12. 2

13. 4109

14. 4

15. 4

16. 6. 4050

17.

18. 2

19. CREDITS

20. 1-0

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville 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.