

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 961

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural : Leesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Leesville	
c. LENGTH OF STAY (in this place) 88 yrs.		d. STREET ADDRESS (If rural, give location) Coal, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Coal, Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Jane c. (Last) Parks			4. DATE OF DEATH (Month) (Day) (Year) Feb 11, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20 1849	9. AGE (In years last birthday) 100	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HRS. 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		11. BIRTHPLACE (State or foreign country) Clarksberg, Cooper Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Smiley Cole		13b. MOTHER'S MAIDEN NAME Malissa Martin		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Almira Parks Clinton, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 3/4	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Nephritis				572X	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 2-9, 1950, to 2-11, 1950, that I last saw the deceased alive on 2-9, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. M. D.</i> (Degree or title)		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 2-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14 -50		24c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Henry Co. Missouri	

DATE REC'D BY LOCAL REG. Feb-11-50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7;
District File Number 1-50-54
Date Filed 2-13-50

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
Student Embalmer

Signed

Frederick W. Williams

Licensed Embalmer No. 4510

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.