

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13714

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4298 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Laclede</u>	
c. LENGTH OF STAY (in this place) <u>6 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>Nannie</u> b. (Middle) <u>M</u> c. (Last) <u>Hisel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 6 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTH <u>2</u> DAY <u>18</u> HOUR <u></u> MIN. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Thomas M Intyre</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Luster</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Walter M Intyre, Linn Mo</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u> ANTECEDENT CAUSES <u>with severe secondary anemia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 1950, to <u>April 24</u> , 1950, that I last saw the deceased alive on <u>April 22</u> , 1950, and that death occurred at <u>3:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Dixon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>4-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-26-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 3-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Budie Kelley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home</u>		ADDRESS <u>Linn Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *W. R. Wright*

Licensed Embalmer No. *4655*

P. O. Address *Laclede, 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.