

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3809

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4551 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mtn. Grove</u>		c. LENGTH OF STAY (in this place) <u>Lifenme</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mtn. Grove</u>		11410
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>WALL STREET</u>		
3. NAME OF DECEASED (Type or Print) <u>NANCY</u>	a. (First)	b. (Middle) <u>HAZEL</u>	c. (Last) <u>ATNIP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 11, 1890</u>	9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>9</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	11. BIRTHPLACE (State or foreign country) <u>Rayburn, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>W. Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Long</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Atnip</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Atnip, Mtn. Grove</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
ANTECEDENT CAUSES 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 <u>4201</u>		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) (Min.)		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>1-14</u> , 19 <u>50</u> , to <u>1-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>51</u> , and that death occurred at <u>5:15 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. A. Cray</u>		(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>1-4-52</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-8-52</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	348-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Missuel Barber, Mtn. Grove</u>	

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

4/1

RECEIVED JAN 15 1952  
WRIGHT CO. HEALTH DEPT.  
County File Number 152-4  
Date Filed Jan 19 1952

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn Grove, 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.