

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11858

State File No.

BIRTH NO. 20 REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6287 Registrar's No.

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>Wright</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Mansfield, Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Mansfield, Rural</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>Mansfield, Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield, Rural</u> | | | |

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|--|---------------------------|---|--|---|-----------------------------|-----------------------------|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | |
| a. (First) <u>Nancy</u> b. (Middle) <u>Elben</u> c. (Last) <u>KING</u> | | | (Month) (Day) (Year) <u>3-24-52</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 29, 1871</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |

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|--|--|---|---|
| 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 <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Virginia</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Richard Hilton</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Callender</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |

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|---|-------------------------------------|---|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jessie King, Mansfield</u> | | ADDRESS |
|---|-------------------------------------|---|--|---------|

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|---|---|--|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> 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>4200</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) m. | 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 Sept 13, 1950, to 3-23, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

| | | |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Newton D. Penley DO</u> | 23b. ADDRESS <u>Mansfield, Mo</u> | 23c. DATE SIGNED <u>3-31-52</u> |
|---|-----------------------------------|---------------------------------|

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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/30/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Prarie Hollow Cem.</u> | 24d. LOCATION (City, town, or county) (State) |
|---|--------------------------|--|---|

| | | | |
|---|--|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>4/10/52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> 384-1 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Terrell-Bergman</u> | ADDRESS <u>Low Ferrell Mansfield</u> |
|---|--|--|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

140

County File Number 452-49
Date Filed 4-12-52

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

Wm L. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.