

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13777**

FILED MAY 7 1952

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 138
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 40 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montserrat 0510
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) Montserrat, Missouri /		
3. NAME OF DECEASED a. (First) Nellie		b. (Middle) May	c. (Last) Rance	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1896	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE George Rance	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alma Lockard Montserrat, Mo.	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laceration of brain DUE TO (c) Head & Scalp Injury II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractures of femoral necks on both sides Fractures of left shoulder and left forearm		INTERVAL BETWEEN ONSET AND DEATH 42 hours E802X 35
19a. DATE OF OPERATION Mar 15-52		19b. MAJOR FINDINGS OF OPERATION Sutures of extensive Scalp wound. no skull fracture found		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Rail Road + street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montserrat Johnson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 14 1952 8:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? She Walked in front of moving train	
22. I hereby certify that I attended the deceased from Mar 14, 1952 , to March 16, 1952 , that I last saw the deceased alive on Mar 15, 1952 , and that death occurred at 2:10 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE A-L Walter M.D.		23b. ADDRESS Sedalia Mo	23c. DATE SIGNED Mar 17/1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-52	24c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery	24d. LOCATION (City, town, or county) (State) Knobnoster, Missouri	
DATE REC'D BY LOCAL REG. 3/18/52	REGISTRAR'S SIGNATURE R. A. Brauning	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. A. Brauning Warrensburg, Mo.		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Elmer D. Fijlott*

Licensed Embalmer No. *4817*

P. O. Address *Warrensburg 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.