

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17163

State File No.

FILED MAY 26 1952

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5688 Registrar's No. 169

580

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin, Twp. rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin, Twp. Rural</u>	
c. LENGTH OF STAY (In this place) <u>0 580</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1, 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Nancy Carrie Main</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>F.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 13, 1889</u>		9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR <u>7</u>	# UNDER 1 MONTH <u>3</u>	# UNDER 1 HOUR	# UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ethel, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Thomas B. Ratliff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alice Williams</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>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice Standley,</u>		ADDRESS <u>Ethel, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5/15/52</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Chronic Myocarditis</u>			
		ANTECEDENT CAUSES		DUE TO (c) <u>Secondary (Cerebral) Anemia</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 2/28, 1949, to 5/16, 1952, that I last saw the deceased alive on 5/16, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Printed or title) <u>M. E. Sear</u>		23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>5/17/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goldsberry, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/18/1952</u>	REGISTRAR'S SIGNATURE <u>Madeline Stanback</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>	ADDRESS <u>Bucklin, Mo.</u>
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MAY 26 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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.