

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5589**

ED MAR 9 - 1959

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 79

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> c. LENGTH OF STAY (In this place) <u>5 m</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HORRYS Rest Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0422</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>Lee VIVION</u> c. (Last) <u>MCINTIRE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb 27 - 53</u>				
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>W</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 19 - 62</u>	<b>9. AGE</b> (In years last birthday) <u>91</u>	<b>IF UNDER 1 YEAR</b> (Days) <u>1</u>	<b>IF UNDER 24 HRS.</b> (Hours) <u>8</u>	<b>IF UNDER 1 MIN.</b> (Mins.)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>domestic</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>House work</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Calloway Co, Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>ROBERT VIVION</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Jane Miller</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gene Mc Intire</u>
		<b>ADDRESS</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>arteriosclerosis</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 yds.</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR VILLAGE) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from Feb 27, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Feb 27, 1953 and that death occurred at 2 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>James O Smith M.D.</u>	<b>23b. ADDRESS</b> <u>Clinton, Missouri</u>	<b>23c. DATE SIGNED</b> <u>2-28-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Mar 2</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Angelwood</u>
		<b>24e. LOCATION</b> (City, town, or county) (State) <u>Clinton, Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>Mar-2-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Flora Adair</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Olson &amp; Chapp, Appleton City</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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.....

*Oscar Eckhoff*

Licensed Embalmer No. *5942*

P. O. Address *Appleton City*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply  
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.