

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5655

State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Wheeler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wheeler</u>	
b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>West Plains 0461</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS <u>302 Park</u> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lenna</u> b. (Middle) <u>Hanna</u> c. (Last) <u>Nale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-23-1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR: Months <u>0</u> Day <u>16</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>West Plains Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Hanna</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Harris Helade Nale</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>151X</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Clinton Nale West Plains Mo</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of Stomach</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <u>151X</u>					

19a. DATE OF OPERATION <u>10-23-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</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?	
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22. I hereby certify that I attended the deceased from 11-26, 1952, to 1-9, 1953, that I last saw the deceased alive on 1-9, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Cohen, M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>1-20-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-11-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	
				24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-25-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>	
		379		ADDRESS	

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

JAN 12 1958

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 _____

A. D. Roberts

Licensed Embalmer No. _____

3437

P. O. Address _____

West Paris

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.