

STANDARD CERTIFICATE OF DEATH

FILED DEC 3-1953

BIRTH NO. _____ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **5711** Registrar's No. **1**

6600

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

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY McDONALD	
b. CITY OR TOWN RURAL ELKHORN		c. CITY OR TOWN RURAL ELKHORN	
c. LENGTH OF STAY (in this place) 3 YEARS		d. STREET ADDRESS (If rural, give location) of 1 1/2 miles South Stella Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			

3. NAME OF DECEASED (Type or Print) NETTIE		a. (First) NETTIE	b. (Middle) _____	c. (Last) DAME	4. DATE OF DEATH (Month) (Day) (Year) Nov 26 1953	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 20-1898	9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Month 4 Days 6	IF UNDER 1 MTH. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) McDONALD County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Riley Westfall	13b. MOTHER'S MAIDEN NAME Sally McNeil	14. NAME OF HUSBAND OR WIFE H.N. DAME
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME H.N. DAME, Stella	ADDRESS Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of breast		INTERVAL BETWEEN ONSET AND DEATH 2
	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. at Columbia-State Hospital		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 170 X	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 **10-1-1953**, to **11-26-1953**, that I last saw the deceased alive on **11-25-1953**, and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE O. Carlwell M.D.	(Degree or title)	23b. ADDRESS Stella M. O. A. 11/26/53	23c. DATE SIGNED 11/26/53
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24a. BURIAL-CREMA-TION REMOVAL (Specify) BURIAL	24b. DATE Nov. 29 1953	24c. NAME OF CEMETERY OR CRYPTORY Rocky Comfort Mo	24d. LOCATION (City, town, or county) (State) Rocky Comfort Mo
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DATE REC'D BY LOCAL REG. Nov. 30, 1953	REGISTRAR'S SIGNATURE O. E. Plummer	25. FUNERAL DIRECTOR'S SIGNATURE W. M. Marie Rogue Wheaton, Mo	ADDRESS _____
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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

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.