

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED DEC 15 1953** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **185**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Wash top 7-5-24</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Comfort 0600</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #3</b>		d. STREET ADDRESS (If rural, give location) <b>✓</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b> b. (Middle) <b>Clair</b> c. (Last) <b>Clair</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-9-53</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>11-21-92</b>	9. AGE (In years last birthday) Months Days <b>61 0 18</b>	IF UNDER 18: YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Purdy Mo</b>	12. CITIZENSHIP OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Henry Black</b>	13b. MOTHER'S MAIDEN NAME <b>Charlote Ray</b>	14. NAME OF HUSBAND OR WIFE <b>W. W.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give first or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital record</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>✓</b> DUE TO (c) <b>✓</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <b>002X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **11-14**, 19**46**, to **12-9**, 19**53** that I last saw the deceased alive on **12-8**, 19**53**, and that death occurred at **2:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. S. Vall</b>	(Degree or title)	23b. ADDRESS <b>McDonald Mo.</b>	23c. DATE SIGNED <b>12-9-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-10-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Quisley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>McDonald County, Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-11-1953</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris</b>	ADDRESS <b>Wheaton, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAP 16 1954

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.