

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22558

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Daviess

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Daviess

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Marion Twn. c. LENGTH OF STAY (In this place) 11 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Marion Twn. 8 3/10

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR RT. 2, PATTONSBURG, MO. d. STREET ADDRESS (If rural, give location) Rt. 2, Pattonsburg, Mo.

3. NAME OF DECEASED a. (First) Nellie Mae b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) July 16, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov 26, 1881 9. AGE (In years) (7th birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and State or Foreign Country) Winston, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Taylor 13b. MOTHER'S MAIDEN NAME Katherine Tillford 14. NAME OF HUSBAND OR WIFE Lewis Arthur Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Arthur Burton, Rt. 2, Pattonsburg, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 12 Months

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending colon 10

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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1954 to July 16, 1954, that I last saw the deceased alive on Aug 16, 1954 and that death occurred at 2:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE of Dr. Frank M. ... 23b. ADDRESS ... 23c. DATE SIGNED 7/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-18-54 24c. NAME OF CEMETERY OR CREMATORY Civil Bend Methodist Cem. 24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.

DATE REC'D BY LOCAL REG. 8-10-54 REGISTRAR'S SIGNATURE Virginia M. Engelder 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.

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

6310
1

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Louis Quest.....

Licensed Embalmer No. 4096.....

P. O. Address Pattonburg.....

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.