

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29991

State File No. ....

FILED OCT 4 1954

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5167</u>		Registrar's No. <u>274</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adrain</u>			
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Benton City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles West Auxvasse</u>				e. STREET ADDRESS (If rural, give location) <u>0040</u>			
3. NAME OF DECEASED a. (First) <u>Nellie</u>			b. (Middle) _____		c. (Last) <u>Iman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 31, 1875</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Davis</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jake LaRue Auxvasse, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Congestion</u>					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 19, 1954</u> , to <u>Sept. 27, 1954</u> , that I last saw the deceased alive on <u>Sept 17, 1954</u> , and that death occurred at <u>8:55Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Doolittle</u> (Degree or title)				23b. ADDRESS <u>802 Mexico, Mo.</u>		23c. DATE SIGNED <u>9-27-54</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>9-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway Co., Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 28 1954</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ARNOLD FUNERAL Home</u>		ADDRESS <u>Mexico, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Richard y. m. Sdonna*.....

Licensed Embalmer No. *482*.....

P. O. Address *Mexico*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.