

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30458

State File No.

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 25

1. PLACE OF DEATH: a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dale Rest Home		d. STREET ADDRESS (If rural, give location) 405 Pine Street	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy	b. (Middle) Jane	c. (Last) WHITTEN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 5, 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 2 HRS. Hours Min.
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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	11. BIRTHPLACE (State or foreign country) Pottersville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Riley	13b. MOTHER'S MAIDEN NAME Martha Ann Corrico	14. NAME OF HUSBAND OR WIFE - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - - - -	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Gunn, Willow Springs, Mo.	ADDRESS Willow Springs, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis		6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		4 yrs
DUE TO (c) Fractures of hip		3 mo	
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 <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.) Willow Springs, Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home.
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22. I hereby certify that I attended the deceased from 6-15-54 to 9-15-54, 1954, that I last saw the deceased alive on 9-15-54, 1954, and that death occurred at 5:15P, m., from the causes and on the date stated above.

23a. SIGNATURE Paul A. Davis, M.D. (Degree or title)	23b. ADDRESS Willow Springs, Mo.	23c. DATE SIGNED 9-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-17-54	24c. NAME OF CEMETERY OR CREMATORY City cemetery	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
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DATE REC'D BY LOCAL REG. Sept. 25 1954	REGISTRAR'S SIGNATURE Marshall Bellard	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home	ADDRESS Willow Spgs., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....

.....
working under my personal supervision.

Student Embalmer No.

F. W. Barnes

Student

Student Embalmer

Signed.....

F. W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.