

STANDARD CERTIFICATE OF DEATH

4183

State File No.

FILED FEB 17 1955

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 157

1910

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY OR TOWN <u>Garden City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 min</u>		e. STREET ADDRESS (If rural, give location) <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>SALLIE</u> (Type or Print)	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>NANCE</u>	4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>10</u> (Year) <u>1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 24-1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon Co Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Davis Allen Nance</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Hook</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-36-6054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS JOE BABYLON HARRISONVILLE MO</u>	ADDRESS <u>MO</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>one hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		<u>Several years</u>
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 <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) <u>331X</u>
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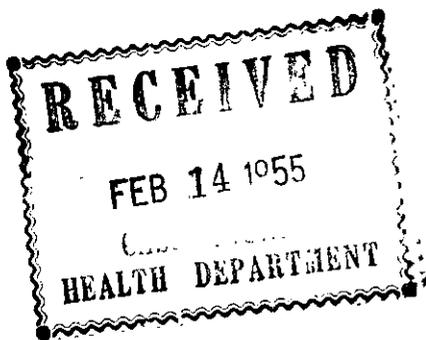
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1953 to 10 Feb, 1953, that I last saw the deceased alive on 10 Feb, 1953, and that death occurred at 9:05 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Leaburn H. Ellis M.D.</u>	(Degree or title)	23b. ADDRESS <u>Garden City Mo.</u>	23c. DATE SIGNED <u>2/12/55</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify)	24b. DATE <u>Feb 12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 12, 1955</u>	REGISTRAR'S SIGNATURE <u>Dora Barnea</u>	457- <u>10</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rummungers</u>	ADDRESS <u>Harrisonville Mo</u>
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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 *James R. Phillips*.....

Licensed Embalmer No. *464*.....

P. O. Address *Narrison*.....

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.