

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10759

State File No.

FILED MAR 23 1955

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6191a Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ms</u>		b. COUNTY <u>Texas</u>	
b. CITY (In unincorporated areas, write "RURAL" and give township) <u>Rural - Sherrell</u>		c. CITY OR TOWN <u>Licking</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF RESIDENCE (In this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Licking</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>N.W. 4 Licking Ms 10705</u>			

3. NAME OF DECEASED (Type or Print) <u>Bessie May Nord</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>Nov 14, 1886</u>	9. AGE (In years, last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Licking Ms</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wes Keeney</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Pratt</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Nord</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth E Shafer</u> ADDRESS <u>Licking Ms</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chole & recurrent attack of coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c) <u>Arteriosclerotic coronary heart disease grade IV</u>			
		II. OTHER SIGNIFICANT CONDITIONS (d) <u>Arteriosclerosis generalized</u>			
		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>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Mar 10, 1952 to Mar 6, 1955, that I last saw the deceased alive on Mar 6, 1955, and that death occurred at 2:30 A.M., from the causes/and on the date stated above.

23a. SIGNATURE J. Burns, M.D. (Degree or title) 23b. ADDRESS Houston Ms 23c. DATE SIGNED 3/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-11-55 24c. NAME OF CEMETERY OR CREMATORY Licking Camp 24d. LOCATION (City, town, or county) (State) Licking Ms

DATE REC'D BY LOCAL REG. Mar. 19, 1955 REGISTRAR'S SIGNATURE Edna Hesse 1324 25. FUNERAL DIRECTOR'S SIGNATURE Smith Ferguson ADDRESS Licking Ms

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Erbert E Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Licking*

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.