

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15052

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>1158</u>		Registrar's No. <u>321</u>									
1. PLACE OF DEATH a. COUNTY <u>Dallas</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Buffalo</u> c. LENGTH OF STAY (In this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DALLAS</u> c. CITY OR TOWN <u>Buffalo</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0 3000</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>JANE</u> c. (Last) <u>SCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>11</u> <u>55</u>		5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>3/25/1873</u>		9. AGE (In years last birthday) <u>83</u> 10. If UNDER 1 YEAR: Months <u>1</u> Days <u>16</u> 11. If UNDER 24 HRS. Hours <u>1</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Berryville, Ark.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Stacy</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gentry</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</u>							
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. _____				17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____							
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>3</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4/201</u>											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19 <u>30</u> , to <u>5-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>55</u> , and that death occurred at <u>4:20 a.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>D. O. Johnson</u>				23b. ADDRESS <u>Buffalo Mo.</u>				23c. DATE SIGNED <u>5-13-55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 15 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Buffalo Mo</u>									
DATE REC'D BY LOCAL REG. <u>5/16/55</u>		REGISTRAR'S SIGNATURE <u>Miss Grace Patton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A R Jones</u>		ADDRESS <u>Buffalo Mo</u>									

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 24 1955

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..... *Morris B. Jones*

Licensed Embalmer No.. *4321*

P. O. Address... *Buffalo, N.Y.*

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.