

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26833

State File No. ....

FILED AUG 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>68</u>			
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora MO</u>		05510			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1106 JEFFERSON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>			b. (Middle) <u>E</u>		c. (Last) <u>MaBERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14-1955</u>		
5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Oct 8-1867</u>		9. AGE (In years) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) <u>87</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Carter County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOSEPH HOUSE</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dunwoody</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES M. MaBERRY</u>				
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>Ann Wallace Aurora MO</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Long standing Heart Failure.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis.</u>				<u>years.</u>	
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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>Jan.</u> , 19 <u>54</u> , to <u>Aug 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 14</u> , 19 <u>55</u> and that death occurred at <u>1:45 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. P. Capetti O.M.D.</u>				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>8-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren MO</u>			
DATE REC'D BY LOCAL REG. <u>8-19-55</u>		REGISTRAR'S SIGNATURE <u>Oran McNatt</u>			157		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osborn T. Marsh Aurora MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23 19

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

*myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Aurora, 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.