

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

ASHLEY S. W. CONNER
Mtn. 82069
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>		c. LENGTH OF STAY (In this place) <u>9 months</u>		c. CITY OR TOWN <u>Smsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pamperien Rest Home</u>				• STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ashley</u>			b. (Middle) _____			c. (Last) <u>NANCE</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20 - 1955</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>Dec. 8 - 1881</u>		9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Days <u>8</u>		11. UNDER 1 HR. Hours <u>12</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Howell Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Ashley NANCE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
14. NAME OF HUSBAND OR WIFE <u>Lola NANCE Houston, Mo.</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. _____			
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.W. Scott 808 Doris Ave Mtn. Grove</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>Haemorrhage Cerebral</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis of peripheral</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>331x</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</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) _____		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>Aug 20, 1955</u> , to <u>Aug 20, 1955</u> , that I last saw the deceased alive on <u>Aug 20, 1955</u> , and that death occurred at <u>9:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mountain View Mo</u>		23c. DATE SIGNED <u>9/17/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>8-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-22-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>348-0 DUNCAN'S Mtn. View, Mo.</u>					

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

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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 *Joe P. Duncan*.....
Licensed Embalmer No. *430*
P. O. Address *Mt. View*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.