

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35899

2050

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

BIRTH NO.		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5043		Registrar's No. 93		
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) ✓ <u>Sugar Creek (twp)</u>		c. LENGTH OF STAY (in this place) <u>62 yrs.</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Garfield, Ark. Route 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Dent</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 18, 1873</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hous wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jones Weeins</u>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <u>Charles Dent</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Dent</u>		ADDRESS <u>Garfield, Ark.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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>Arterio-sclerosis.</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH	
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) m.		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>Nov. 24, 1955, Nov. 24, 1955</u> , that I last saw the deceased alive on <u>Nov. 24, 1955</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. R. BROWN D.O.</u>				23b. ADDRESS <u>Seligman Mo.</u>		23c. DATE <u>Nov. 26-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pratt Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garfield, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>11-30-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald, dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MILLER FUNERAL HOME</u>		ADDRESS <u>PEA RIDGE, ARKANSAS</u> <u>Ralph Miller</u>		

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1255-369

DATE REC. 12-5-55

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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 *Winifred R. Crowder*.....

Licensed Embalmer No.....

P. O. Address.....

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.