

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40085**

No. 300

10.48

2310

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

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5357</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Davies</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>				
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Rural-Benton Twp</u>		c. LENGTH OF STAY (in this place) <u>4 Wks</u>		c. CITY OR TOWN <u>McFall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. # 1 Pattonsburg, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>---</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie Francis</u> b. (Middle) <u>Higdon</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-1955</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>Sept 21, 1885</u>		9. AGE (In years last birthday) <u>70</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>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Davies County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John A. Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Butler</u>		14. NAME OF HUSBAND OR WIFE <u>---</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 <u>Nole Elbert Carter, Pattonsburg, Mo.</u>				ADDRESS <u>---</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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>						<u>5 yrs</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>20 yrs</u>	
	DUE TO (c) <u>Hypertension</u>						<u>20 yrs</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>446x</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) (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 <u>May</u> , 1953, to <u>12-22</u> , 1955, that I last saw the deceased alive on <u>12-21</u> , 1955, and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>P. L. Baumgardner</u>				23b. ADDRESS <u>Pattonsburg, Mo.</u>		23c. DATE SIGNED <u>12/22/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.C.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-28-55</u>		REGISTRAR'S SIGNATURE <u>Regina M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Smith</u>				ADDRESS <u>Pattonsburg, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Louis Quest*.....

Licensed Embalmer No. *4094*

P. O. Address *Pattonville*

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.