

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bedford</u>		c. LENGTH OF STAY (in this place) <u>2 wks.</u>	c. CITY OR TOWN <u>Moscow Mills MO.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0570</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Dale</u> c. (Last) <u>Lester</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1955</u>
---	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 17, 1886</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
----------------------	-------------------------------	--	--	--	---	--

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>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Hill MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>George Washington Burcham</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Ragsdale</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Lester</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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Lester</u>	ADDRESS <u>Moscow Mills 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		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart block</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4331</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 Jan 5, 1953 to Dec 28, 1955, that I last saw the deceased alive on Dec 27, 1955, and that death occurred at 6:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Kelly</u>	(Degree or title) <u>D.O. - Troy Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>1-5-56</u>
--------------------------------------	--	--------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 30, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thornhill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln county MO.</u>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-9-56</u>	REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Boy</u>	ADDRESS <u>Troy Mo</u>
---	---	---	---------------------------

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

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..... *Wayne M. & Coy*

Licensed Embalmer No. *358*

P. O. Address... *Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.