

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11472

State File No. 221

Registrar's No. 3048-42-120

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>3048-42-120</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville Missouri</u>		c. LENGTH OF STAY (In this place) <u>one week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u>		130
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>		b. (Middle) <u>(none)</u>	c. (Last) <u>Lame</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December-5-1955</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>January-26-1878</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Days <u>10</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>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Des Moines Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>	
13a. FATHER'S NAME <u>Dudley Sherwood</u>		13b. MOTHER'S MAIDEN NAME <u>Elizebeth DeField</u>		14. NAME OF HUSBAND OR WIFE <u>William D. Lame</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>William B. Lame Worth Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>77 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes mellitus</u>				4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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. HOW DID INJURY OCCUR? _____
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>12-2-1955</u> , to <u>12-5-1955</u> , that I last saw the deceased alive on <u>12-5-1955</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. C. Bauman M.D.</u>			23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>12-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parrie Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>East of Worth Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-4-56</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Andrews Great City 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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City*

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.