

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43160**

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6148		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Castor)		c. LENGTH OF STAY (In this place) months		c. CITY OR TOWN Bloomfield		d. If 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 Route # 3, Bloomfield				e. STREET ADDRESS (If rural, give location) Route # 3			
3. NAME OF DECEASED (Type or Print) a. (First) NANCY			b. (Middle) ELLEN		c. (Last) KELLEY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1955
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 13, 1867		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 5 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) near Bloomfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dan Link			13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND/ OR WIFE Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lonnie Kelley, Essex, Mo. Rt. #2			
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) High Blood Pressure with Regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Senility, Old Age DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4211					INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from 1952 , to Dec 2, 1955 , that I last saw the deceased alive on Nov 20, 1955 , and that death occurred at 8:45p m., from the causes and on the date stated above.							
23a. SIGNATURE M. H. ... (Degree or title) C				23b. ADDRESS Essex Mo		23c. DATE SIGNED Nov 5 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4-55	24c. NAME OF CEMETERY OR CREMATORY Link Cemetery		24d. LOCATION. (City, town, or county) (State) Stoddard co. Missouri		
DATE REC'D BY LOCAL REG. 12-15-55		REGISTRAR'S SIGNATURE Levin E. Mooney 510-0		25. FUNERAL DIRECTOR'S SIGNATURE CHILES UNDERTAKING CO. Bloomfield, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Lulu Cooper # 3499..... Student Embalmer No.

~~working under my personal supervision~~
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Student.....
Signature of Student Embalmer

Signed..... *Lulu Cooper*.....

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.