

FILED JAN 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. 10040

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6273		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Town Rural - Fletchall 6273		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN Grant City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 11300			
3. NAME OF DECEASED (Type or Print) Susie		b. (Middle) Threasa		c. (Last) Nye		4. DATE OF DEATH (Month) (Day) (Year) December 23, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 28, 1867	
9. AGE (in years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. housekeeper		11. BIRTHPLACE (City and State of Foreign Country) Mondovio, Unsaonain		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James C. Preston		13b. MOTHER'S MAIDEN NAME Elizabeth Gregory		14. NAME OF HUSBAND OR WIFE Sherman Allen Nye		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 Mrs. Della Korn		18. ADDRESS Grant City, Mo.		19. 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.	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) and xia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL FAILURE (DECOMPENSATION) DUE TO (c) INFLUENZA II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IMMUNITY & DEBILITY		21. INTERVAL BETWEEN ONSET AND DEATH 6 hours 18 hours 36 hours 3 YEARS		22. DATE OF OPERATION 481X		23. MAJOR FINDINGS OF OPERATION 481X	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		27. HOW DID INJURY OCCUR?	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. I hereby certify that I attended the deceased from NOVEMBER 1952 to DEC 23, 1955 , that I last saw the deceased alive on DEC 23, 1955 , and that death occurred at 8:00 p.m. , from the causes and on the date stated above.		31. SIGNATURE (Degree or title) Richard C. Sample, D.O.	
32. ADDRESS Grant City, Mo.		33. DATE SIGNED 12-23-55		34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE Dec. 26, 1955	
36. NAME OF CEMETERY OR CREMATORY Honey Groove Cemetery		37. LOCATION (City, town, or county) (State) Worth County, Missouri		38. DATE REC'D BY LOCAL REG. Jan 2, 1956		39. REGISTRAR'S SIGNATURE Letta E. Dawson	
40. FUNDAL DIRECTOR'S SIGNATURE Arch C. Sample		41. ADDRESS int. app. Iowa		42. (Licensed Embalmer's Statement on Reverse Side)			

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 Bill A. Duns

Licensed Embalmer No. 487

P. O. Address Grant

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.