

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1766

FILED JAN 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>			
b. CITY OR TOWN <u>HOLDEN</u>		c. LENGTH OF STAY (in this place) <u>25 YR</u>		c. CITY OR TOWN <u>HOLDEN</u>		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 <u>SMEAD NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>Holden Mo 510</u>			
3. NAME OF DECEASED a. (First) <u>NANCY</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>BOBBITT</u>			4. DATE OF DEATH <u>JAN 6 1956</u> (Type or Print)				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>OCT. 9 1871</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>OWN HOME</u>		9. AGE (in years last birthday) <u>84</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>27</u>	
11a. FATHER'S NAME <u>ROBERT SCOTT</u>		11b. MOTHER'S MAIDEN NAME <u>ROXANA BROWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PETTIS COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT SCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>ROXANA BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>MILO BOBBITT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XX XX NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.L. BOBBITT</u> ADDRESS <u>HOLDEN 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES		DUE TO (b) <u>Mitral insufficiency</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>HIOX</u>					
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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Nov 12</u> , 1955, to <u>Jan 6</u> , 1956, that I last saw the deceased alive on <u>Jan 6</u> , 1956, and that death occurred at <u>11:20 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Glenn Sarned D.C.</u>				23b. ADDRESS <u>411 Main Holden, Mo</u>		23c. DATE SIGNED <u>Jan 7, 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MO</u>	
DATE REC'D BY LOCAL REG. <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Sons Holden Mo</u> ADDRESS _____			

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

RECEIVED
JAN 14, 1936
REGISTRY
JOHNSON COUNTY HEALTH

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.....
M. R. Conaway

Licensed Embalmer No. 343

P. O. Address.....
Heldan

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.