

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4233

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5354</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Fair Grove</u>		d. Is Residence within limits of a city or incorporated town? <u>No</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/5 mi. So. of Buffalo</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL 1/5 mi. So. of Buffalo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Eldora</u> c. (Last) <u>Icenhower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1956</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>Aug. 11, 1884</u>	
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>		10. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own house</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Jeffris</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline McMillian</u>		14. NAME OF HUSBAND OR WIFE <u>Vanice Icenhower</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vanice Icenhower Fair Grove, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right lung</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Quies. Sabr. diet. Smok.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Kidney failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>recent</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>Feb 1</u> , 19 <u>55</u> , to <u>Feb 21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>56</u> , and that death occurred at <u>10:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. K. Plummer M.D.</u>				23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>2-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>N.W. Fair Grove, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-25-56</u>		REGISTRAR'S SIGNATURE <u>Grace Peters</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>		ADDRESS <u>Buffalo, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) By Gene Hunter

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

FEB 28 1954

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 *Gene C. Hunter*

Licensed Embalmer No. *473*

P. O. Address *Buffalo,*

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.