

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8439

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Christian Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give town) Rural. S Galloway		c. LENGTH OF STAY (in this place) I-$\frac{1}{2}$ yrs	c. CITY OR TOWN R R Highlandville, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Highlandville, Mo R R		e. STREET ADDRESS (If rural, give location) Highlandville, Mo RR	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie	b. (Middle) A	c. (Last) Lee	4. DATE OF DEATH (Month) (Day) (Year) Mar 17-1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 24-1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / Illinois	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Albert Winslow	13b. MOTHER'S MAIDEN NAME Mary / F Couley	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Oscar Winslow, Highlandville Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure due to Bronchopneumonia			years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Stenosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gall Bladder Disease	DUE TO (c) Inactive Rheumatoid		years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 1 1956, to 3/15, 1956, that I last saw the deceased alive on 3/15, 1956, and that death occurred at 7-40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Convent P. McCormick, D.O.	23b. ADDRESS Ozark Mo	23c. DATE SIGNED 3/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19-1956	24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co Mo
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DATE REC'D BY LOCAL REG. Apr 9-1956	REGISTRAR'S SIGNATURE Lutella Leonard	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	ADDRESS Ozark, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

59-0

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 *T. B. Chaffin*.....

Licensed Embalmer No. *2132*.....

P. O. Address *Ozark*.....

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.