

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15614**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 596				
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ...a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Abt 10 yrs		c. CITY OR TOWN St. Joseph		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 (If not in hospital or institution, give street address or location) Rathburn Nursing Home 611 N. 11th St.				e. STREET ADDRESS (If rural, give location) 611 N. 11th St.						
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE			b. (Middle) _____		c. (Last) GOOD		4. DATE OF DEATH (Month) (Day) (Year) May 22, 1956			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH December 22, 1870		9. AGE (In years last birthday) 85		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Osteopath		11. BIRTHPLACE (City and State or Foreign Country) Watson, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME A. H. Good			13b. MOTHER'S MAIDEN NAME Clarisa Morrow			14. NAME OF HUSBAND OR WIFE				
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) none		17. INFORMANT'S SIGNATURE OR NAME E.M. Hackett, Tarkio, Missouri				ADDRESS		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH unknown		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis								
		DUE TO (c) Senility								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a Pneumonic condition 2 or 3 day								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x						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 5-20, 1956 , to 5-22, 1956 , that I last saw the deceased alive on 5/22, 1956 , and that death occurred at 3:25p. m. , from the causes and on the date stated above.										
23a. SIGNATURE J. M. Hester				(Degree or title) M.D.		23b. ADDRESS 423 Main St, City		23c. DATE SIGNED 5/24/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/23/1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Tarkio, Missouri				
DATE REC'D BY LOCAL REG. June 5, 1956		REGISTRAR'S SIGNATURE Ernest M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE Hester - Bowman				ADDRESS St. Joseph Mo.	

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

9561 6 I NIP

9561 9 8 NIP

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 *William Spalding*

Licensed Embalmer No. *453*

P. O. Address *3198 10th St*

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.