FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20016

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 21-1956

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN: Cuba
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN: Cuba
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 020 D

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle): Julia
c. (Last): Wall

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/28/1875
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Clarksville, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James C. Crow
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Fauber
14. NAME OF HUSBAND OR WIFE: Edw. F. (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss. Jesse Crow, Cuba, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiovascular Renal Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1954, *to* July 10, 1956, *that I last saw the deceased alive on* July 10, 1956 *and that death occurred at* 6:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): D. O.
23b. ADDRESS: Cuba, Missouri
23c. DATE SIGNED: 7/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/1956
24c. NAME OF CEMETERY OR CREMATORY: Kinder Cemetery
24d. LOCATION (City, town, or county) (State): Cuba, Missouri

DATE REC'D BY LOCAL REG.: July 12, 1956
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: Cuba, Mo.
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 34

P. O. Address Cuba,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.