

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1956

State File No. 20342

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5541		Registrar's No. 38			
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-- Union			c. LENGTH OF STAY (In this place) 14 days		c. CITY OR TOWN Craig		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 7 miles N.E. Craig, Mo.				e. STREET ADDRESS (If rural, give location) -----				0440	
3. NAME OF DECEASED (Type or Print) a. (First) Nora			b. (Middle) Jane		c. (Last) Nies		4. DATE OF DEATH (Month) (Day) (Year) June 13, 1956		
5. SEX / Female		6. COLOR OR RACE / White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Widowed		8. DATE OF BIRTH / March 6, 1873		9. AGE (In years last birthday) / 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Housewife			10b. KIND OF BUSINESS OR INDUSTRY / Housekeeping			11. BIRTHPLACE (City and State or Foreign Country) / Nishnabotna, Mo.		12. CITIZEN OF WHAT COUNTRY? / U.S.A.	
13a. FATHER'S NAME / Richard Waits			13b. MOTHER'S MAIDEN NAME / Sarah Lee Marlin			14. NAME OF HUSBAND OR WIFE / W.A. Nies			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No			16. SOCIAL SECURITY NO. / None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Lawrence- Craig, Mo.				
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) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 8 yrs	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus				6 yrs	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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)		260x		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			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 June, 1947, to June 13, 1956, that I last saw the deceased alive on June 1, 1956, and that death occurred at 8 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) / J. B. McRae D.O.				23b. ADDRESS / Grand City Mo			23c. DATE SIGNED / 6/15/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) / Burial		24b. DATE / June 16, 1956		24c. NAME OF CEMETERY OR CREMATORY / I.O.O.F.		24d. LOCATION (City, town, or county) (State) / Craig Mo.			
DATE REC'D BY LOCAL REG. / 6-16-56		REGISTRAR'S SIGNATURE / J. B. McRae		25. FUNERAL DIRECTOR'S SIGNATURE / Wilbur L. Scholer - Craig, Mo		ADDRESS			

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 embalmed by me, or by myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Scholes

Licensed Embalmer No. 3

P. O. Address Craig, ?

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