

FILED AUG 3-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24674

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri - b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville..		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay, in 1b Life.	d. STREET ADDRESS (If outside, give location) None.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nancy Middle Loola Last Long.			4. DATE OF DEATH Month 7 Day 25 Year 1956		
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and state or country) Pulaski Co Waynesville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Jacob. Logan.		
14. MOTHER'S MAIDEN NAME Margaret York.			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		
16. SOCIAL SECURITY NO. None.			17. INFORMANT Address Mrs. William V. Hensley Waynesville,		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7.10.56 to 7.25.56 and last saw her/him alive on 7.25.56 Death occurred at 10:40 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.O. Allwein MD (Degree or title)			22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED 7/28/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/28/56	23c. NAME OF CEMETERY OR CREMATORY Bradford Cemetery		23d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural. Rt
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Waynesville, Mo		25. DATE RECD. BY LOCAL REG. 7-28-56		26. REGISTRAR'S SIGNATURE Paula Grace Anderson	

RECEIVED 8-2-56
Pulaski County Health Officer
File Number 95
Date Filed 7-28-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me; or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence Cross*.....

Licensed Embalmer No. *419*

P. O. Address *Waynes*

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.