

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25800

State File No. ....

360

6225

Registrar's No. 60

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 60	
1. PLACE OF DEATH (Where deceased lived, if institution: residence before admission!) a. COUNTY <u>Vermon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission!) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>39-4-16</u>		c. CITY OR TOWN <u>?</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada State Hosp No</u>				e. STREET ADDRESS (If rural, give location) <u>04301</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>M<sup>c</sup>Call</u>		c. (Last) <u>M<sup>c</sup>Call</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-56</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>?</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hugh M<sup>c</sup>Call</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adm papers</u>			
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) <u>Cerebral Vessel Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atheromatous Sclerosis</u> DUE TO (c) <u>Fatigued Life Style -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mental D. = psychoneurosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u> <u>Yes</u> <u>Yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9047 45</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, or bldg., etc.) <u>Hotel Reg. Ward</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Washington 1089 Vermon - Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-3-56 7:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>He fell going to Stool Room -</u>			
22. I hereby certify that I attended the deceased from <u>4-25-1955</u> to <u>7-14-1956</u> , that I last saw the deceased alive on <u>7-14-1956</u> and that death occurred at <u>9:20 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>E. M. ...</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>7-14-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>State Anatomical Board</u>		24b. DATE <u>7-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-17-1956</u>		REGISTRAR'S SIGNATURE <u>Arnal E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry's Funeral Service, Nevada</u>			

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

5-1-0

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 *H. H. Marmaduke*

Licensed Embalmer No. *207*

P. O. Address *Mercedes*

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.