

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25977**

FILED SEP 5 1956

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5109		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY BOLLINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY BOLLINGER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-CROOKED CRK		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LUTESVILLE MO 0090			
d. FULL NAME OF HOSPITAL OR INSTITUTION Daughters-Home-Near-Glen Allen				d. STREET ADDRESS (If rural, give location) 0090			
3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) CAROLINE c. (Last) CLINGSMITH			4. DATE OF DEATH (Month) (Day) (Year) 8 30 56				
5. SEX F.M.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MARCH-7-1870	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) BOLLINGER County MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME EMANUEL SITZE		13b. MOTHER'S MAIDEN NAME SUSAN		14. NAME OF HUSBAND OR WIFE NANCY CLINGSMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leo Gogers, Lutesville 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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) 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 8/27, 1956 , to 8/29, 1956 , that I last saw the deceased alive on 8/29, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. Bruce P. M. Marshall				23b. ADDRESS Marshall Hill MO		23c. DATE SIGNED 9/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-2-56		24c. NAME OF CEMETERY OR CREMATORY GLEN ALLEN CEM.		24d. LOCATION (City, town, or county) (State) GLEN ALLEN MO	
DATE REC'D BY LOCAL REG. Sept 3-56		REGISTRAR'S SIGNATURE Mrs. Buford Craden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene Ward Lutesville 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 embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

R. O. Laird

Licensed Embalmer No. *4538*

P. O. Address *Jackson, Mo*

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 this body is not embalmed, fact should be so stated above.