

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29582**

FILED AUG 28 1956

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **4502** Registrar's No. **39**

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico	c. LENGTH OF STAY (in this place) 6 years	c. CITY OR TOWN Dexter	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 Puxico Nursing Home		e. STREET ADDRESS (If rural, give location) 10310	

3. NAME OF DECEASED (Type or Print)	a. (First) Nancy	b. (Middle) Jane	c. (Last) Deason	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 30, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife (ret.)	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Tom Stafford	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
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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. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Raymond Oliver Dexter, Mo.	ADDRESS Dexter, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd degree burns and probable asphyxiation.		
	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.		9167	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, in motor vehicle, etc.) nursing home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Puxico Stoddard, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30, 1956 10:20 p.m.	21e. INJURY OCCURRED AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Nursing home burned.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:20 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray W. Ranney Coroner 2	23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 7-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-1-56	24c. NAME OF CEMETERY OR CREMATORY Carolyn-Dowdy Cem.	24d. LOCATION (City, town, or county) (State) Dexter, Mo. R. 1
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DATE REC'D BY LOCAL REG. 8/24/56	REGISTRAR'S SIGNATURE Pearl Reed	25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons	ADDRESS Dexter, Mo.
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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 *Murch Wathis*

Licensed Embalmer No. *4717*

P. O. Address *Exeter 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.