

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30248**  
Registrar's No. **29**

FILED OCT 15 1956

BIRTH NO. _____		REG. DIST. NO. <b>85</b>		PRIMARY REG. DIST. NO. <b>4151</b>		Registrar's No. <b>29</b>		
1. PLACE OF DEATH a. COUNTY <b>Griffith Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Griffith Crawford</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steelville</b>		c. LENGTH OF STAY (In this place) <b>1 year</b>		c. CITY OR TOWN <b>Steelville</b>		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 <b>Steelville, Missouri</b>				e. STREET ADDRESS (If rural, give location) <b>Steelville, Missouri</b> <b>0280</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Novella</b> c. (Last) <b>Nipper</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 1, 1956</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 15, 1866</b>		9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hart County, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Jerome Strader</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Nipper</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude Maynard, Steelville, Missouri.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b> ANTECEDENT CAUSES* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary carcinoma uterum.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3</b> <b>5</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1999</b>				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) (Min.)		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 <b>8-17, 1956</b> to <b>10-1, 1956</b> that I last saw the deceased alive on <b>9-17, 1956</b> and that death occurred at <b>6:15 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W. B. Cannon M.D.</b>				23b. ADDRESS <b>Steelville, Mo.</b>		23c. DATE SIGNED <b>10-8-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>October 4, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dogwood</b>		24d. LOCATION (City, town, or county) (State) <b>Mississippi County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>10/10/56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Travis Shelby Jr. East Prairie, Mo.</b>				

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

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APR 19 1956

APR 10 1957

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 *Travis Shelby Jr.*

Licensed Embalmer No. *4946*

P. O. Address *East Prairie*

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.