

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH31458
STATE FILE NUMBER

FILED SEP 17 1956

89467-55 Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MONROE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 222 S. Davis		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 222 S. DAVIS
3. NAME OF DECEASED (Type or print) First NANCY Middle ANN Last HAYS			4. DATE OF DEATH Month SEPTEMBER Day 6 Year 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOVEMBER 30, 1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEVER WORKED		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 9 Days 6 Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) HANNIBAL, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME IVAN HAYS		14. MOTHER'S MAIDEN NAME AUDRIDEEN KEY	
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.	17. INFORMANT <i>Susan Hays Monroe City Mo</i> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyperstatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congenital bilateral atresia DUE TO (c) 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 2 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7562	
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 Month Day Year 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 11-30-55 to 9-6-56 and last saw her ^{him} alive on 9-6-56 Death occurred at 9:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>F. M. Immore, D.O.</i> (Degree or title)		22b. ADDRESS <i>Monroe City, Mo.</i>	22c. DATE SIGNED 9-7-56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT 7, 1956	23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI
24. FUNERAL DIRECTOR <i>Wilson & Sons Monroe City Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. 9-10-56	26. REGISTRAR'S SIGNATURE <i>Saline Robertson</i>

300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

OCT 21 1959

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~~ *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leslie T. Nelson*.....

Licensed Embalmer No. *381*.....

P. O. Address *Unionville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.