

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35019

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 3054 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 North 4 th. St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		f. STREET ADDRESS (If rural, give location) 305 North 4 th. St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Nettie	b. (Middle) Ince	c. (Last)	Month Oct. 7,		Day 1956

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12, 1873	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 25	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hawke.		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME James Henderson		13b. MOTHER'S MAIDEN NAME Nancy Arthur		14. NAME OF HUSBAND OR WIFE Thomas A.	
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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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anne Fields, Louisiana, Mo.		ADDRESS	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Semi-coma and coma cerebral vascular insufficiency 3 wks				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardio-vascular disease.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) ---		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) ---			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? ---	
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22. I hereby certify that I attended the deceased from **7-20, 1956** to **10-7, 1956**, that I last saw the deceased alive on **10-7, 1956**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Lovell M.D.		(Degree or title) M.D.		23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 10-8-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/9/1956		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
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DATE REC'D BY LOCAL REG. Oct 9/1956		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE George O. Wagner		ADDRESS Louisiana, Mo.	
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(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.....
Signature of Student Embalmer

Signed *George O. Haguer*.....

Licensed Embalmer No. 3773

P. O. Address... Louisiana

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.