

Health, Welfare and Public Service
 300
 1-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38634
 STATE FILE NUMBER
 Registration District No. 312 Primary Registration District No. 4276 Registrar's No. 120

FILED DEC 4 - 1956

1. PLACE OF DEATH a. COUNTY <u>Laurene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Laurence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pierce City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Pierce City MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>201 Walnut</u> Length of stay in lb <u>70 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>201 Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Nancy</u> Middle <u>Eugene</u> Last <u>Thomas</u>		4. DATE OF DEATH Month <u>11</u> Day <u>24</u> Year <u>1956</u>	
5. SEX <u>FM</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1877</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Stone County MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Willis Cavenek</u>	
14. MOTHER'S MAIDEN NAME <u>Melissie Taylor</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X X X X</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>MRS SYLVIA CUMMINGS</u> Address <u>Rockaway Beach MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>592.X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>Nov. 1956</u> to <u>Nov 29/56</u> and last saw her <u>alive</u> on <u>Nov 29/56</u> . Death occurred at <u>8:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles L Moore</u>		22b. ADDRESS <u>Box 2 Pierce City MO</u>	
22c. DATE SIGNED <u>11/29/56</u>			
23a. BURIAL, CREMATION, REMOVE (Specify) <u>Burial</u>		23b. DATE <u>11-26-56</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pierce City MO</u>	
24. FUNERAL DIRECTOR <u>Wm / Wendell Pierce City MO</u> ADDRESS _____		25. DATE REC'D. BY LOCAL REG. <u>11-27-56</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 R. L. Bennett.....

Licensed Embalmer No 421

P. O. Address minett.....

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