

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44496

State File No. \_\_\_\_\_

FILED JAN 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6152 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>STODDARD.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>STODDARD.</u>	
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN <u>Rural - Pike Summit</u>		c. CITY OR TOWN <u>ARDEOLA MO.</u>	
c. LENGTH OF STAY (in this place) <u>4 YEARS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ARDEOLA MO.</u>		e. STREET ADDRESS (If rural, give location) <u>100<sup>2</sup></u>	

3. NAME OF DECEASED a. (First) <u>HARRY.</u> b. (Middle) _____ c. (Last) <u>NING.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 7 - 56</u>	
5. SEX <u>MALE.</u>	6. COLOR OR RACE <u>WHITE.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	8. DATE OF BIRTH <u>April 16 - 1886</u>
9. AGE (In years last birthday) <u>70</u>		<u>6</u> MONTHS	<u>23</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, ILL</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>UNKNOWN.</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE PRY.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil King Bell City, Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease 3-4 years</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Angina Pectoris Sine Sym</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 2-1, 1956, to 11-2, 1956 that I last saw the deceased alive on 11-2, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen Fisher MD</u> (Degree or title)	23b. ADDRESS <u>Championfield, Mo.</u>	23c. DATE SIGNED <u>11-10-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRAVEL HILL</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/26/56</u>	REGISTRAR'S SIGNATURE <u>Dorice Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coy Shetty, Bell City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Raymond L. Duffie*.....

Licensed Embalmer No. *47*.....

P. O. Address *Bernie*.....

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.