

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1957

STATE FILE NUMBER **196**

Registration District No. **81** Primary Registration District No. **4039** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West White Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lincoln, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Mi. W. of Lincoln Length of stay in 1b 5 yrs.		d. STREET ADDRESS (If outside, give location) 12 Mi. W. of Lincoln Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Nancy Rosaline Christian First Middle Last		4. DATE OF DEATH Jan 8 1957 Month Day Year	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1872
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) Fairfield, Mo.
13. FATHER'S NAME George W. Smart		14. MOTHER'S MAIDEN NAME Nancy Wickliffer	
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. None	
17. INFORMANT Mrs. Ward Williams Address Lincoln, Mo.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Arteriosclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500			INTERVAL BETWEEN ONSET AND DEATH 3 mos 15 yrs 15 yrs
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 Jan 8, 1957 to Jan 8, 1957 and last saw her alive on Jan 8, 1957 Death occurred at 6:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William J. Smith, M.D.		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED 1/11/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 10, 1957	
23c. NAME OF CEMETERY OR CREMATORY Harmony Baptist Church		23d. LOCATION (City, town, or county) (State) Benton Mo.	
24. FUNERAL DIRECTOR Edwin Hunter ADDRESS Lincoln, Mo.		25. DATE RECD. BY LOCAL REG. 1-14-57	
26. REGISTRAR'S SIGNATURE E. L. Eschhoff			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clifford Gouge, Student Embalmer No. 52 working under my personal supervision.

Student Clifford Gouge
Signature of Student Embalmer

Signed Ellis M. Husted

Licensed Embalmer No. 3391

P. O. Address Winston, N.C.

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.