

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7223**

FILED FEB 25 1957

BIRTH NO. _____		REG. DIST. NO. <b>333</b>		PRIMARY REG. DIST. NO. <b>4490</b>		Registrar's No. <b>30</b>	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blodgett</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>Blodgett</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence in Blodgett</b>				e. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) <b>NANCY</b>		a. (First)		b. (Middle) <b>CATHERINE</b>		c. (Last) <b>LYNN</b>	
4. DATE OF DEATH <b>Feb. 7, 1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Caucasian</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	
8. DATE OF BIRTH <b>Jan. 10, 1867</b>		9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>27</b>		IF UNDER 24 HRS. Hours <b>27</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Scott County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Lemley</b>		14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maud Smith Blodgett, Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<b>4500</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Blodgett, Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Jan 30, 1957</b> , to <b>Feb. 7, 1957</b> , that I last saw the deceased alive on <b>Feb. 7, 1957</b> , and that death occurred at <b>12:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. P. Bogan</b>				(Degree or title) <b>D. O.</b>		23b. ADDRESS <b>Benton, Missouri</b>	
23c. DATE SIGNED <b>2-10-57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-9-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blodgett Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Blodgett, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nunnelee Funeral Chapel</b>		ADDRESS <b>Sikeston, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>2-15-57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED FEB 18 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-38

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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 Philip J. Cassady  
Licensed Embalmer No. 461

P. O. Address Liberty,

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.