

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11897

STATE FILE NUMBER

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY WEBSTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SEYMOUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b 1	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NANCY Elizabeth MORRIS				4. DATE OF DEATH Month Day Year 2 - 28 - 57			
5. SEX F	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 Oct. 23, 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. BIRTHPLACE (City and state or country) WRIGHT Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME ANDREW ROSS				14. MOTHER'S MAIDEN NAME MARGIE NEWTON			
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 ALVA MORRIS		Address SEYMOUR, MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) Decompensated Cor Pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub-Acute Multiple Embolic Pulmonary Infarctions DUE TO (c) Phlebothrombosis of Right Lower Extremity						INTERVAL BETWEEN ONSET AND DEATH 1 month ? 1 month	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR NOT RELATED TO DEATH COPD						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 1-29-57 to 2/28/57 and last saw (her) alive on 2/28/57 Death occurred at 9:25 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. R. Hill (Degree or title) A.O. 2				22b. ADDRESS Seymour		22c. DATE SIGNED 3/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-3-57	23c. NAME OF CEMETERY OR CREMATORY NEWTON		23d. LOCATION (City, town, or county) WRIGHT Co.		STATE Mo.	
24. FUNERAL DIRECTOR Robert Bergman			ADDRESS Seymour Mo.		25. DATE RECD. BY LOCAL REG. 3-15-1957		26. REGISTRAR'S SIGNATURE Hilbert Jones

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Max J. Miller*.....

Licensed Embalmer No. *472*

P. O. Address *Manassas*

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.