

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **27255**

Registration District No. **360** Primary Registration District No. **3076** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Walker		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in lb 6 WRS.	d. STREET ADDRESS (If outside, give location) 1 M. So.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANCCS First M. Middle Ryno Last				4. DATE OF DEATH Month June Day 24 Year 1957			
5. SEX F.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-4-1980		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Thelma Co. MO		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Hiram Woods.				14. MOTHER'S MAIDEN NAME Matilda Lawson			
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. No.		17. INFORMANT Nevada City Hospital Nevada, 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) Arteriosclerotic gangrene, left foot & leg							INTERVAL BETWEEN ONSET AND DEATH 18 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) Arteriosclerotic Heart Disease with auricular fibrillation, Class IV unknown
DUE TO (c) Hypertensive cardiovascular disease unknown							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Residuals of Cardiovascular disease with aphasia							
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.) 420.0				
20c. TIME OF INJURY Hour 10:35 a. m. A p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Walker, Nevada, Mo.				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from Nov 19, 1956 to June 24, 1957 and last saw her/him alive on June 24, 1957 Death occurred at 10:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James H. Moore MD (Degree or title)				22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 6-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 26 June	23c. NAME OF CEMETERY OR CREMATORY Newberg Cemetery Newberg, Mo.		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Shorey Funeral Home Nevada, Mo.			25. DATE RECD. BY LOCAL REG. 7-10-1957		26. REGISTRAR'S SIGNATURE Orval E. Furry		

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

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 C. McLeod*.....

Licensed Embalmer No. 483

P. O. Address Florida

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