

pt. Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

Special manner required by 193.140 MoRS 1949.

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1958

43423
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hospital 6 Mo.</u>				Length of stay in lb <u>6 Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>511 - 5th st.</u>	
3. NAME OF DECEASED (Type or print) First <u>Itasca</u> Middle <u>Mc</u> Last <u>Nally</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 19 - 1881</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Jenkins, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>S. A. Peck</u>				14. MOTHER'S MAIDEN NAME <u>Sarah black</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ermol McNally Springdale, Ark.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____						INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>10 yrs</u>	
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 <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 <u>10-12-45</u> to <u>12-25-57</u> and last saw her alive on <u>12-25-57</u> Death occurred at <u>6:10 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <u>Frank Kern MD</u>				22b. ADDRESS <u>Monett Mo</u>		22c. DATE SIGNED <u>12-27-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Dec 27, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>		23d. LOCATION (City, town, or county) (State) <u>Southwest Barry Mo</u>		
24. FUNERAL DIRECTOR <u>Bennett - Overmington</u>			25. DATE RECD. BY LOCAL REG. <u>12-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs P N Cook</u>		

(Licensed Embalmer's Statement on Reverse Side)

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 158-10

DATE REC. 1-6-58

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 Gordon Bennett

Licensed Embalmer No. 421

P. O. Address Monett, Mo.

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.