

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43931

FILED DEC 23 1957

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>117</u>			
1. PLACE OF DEATH a. COUNTY <u>Dent County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY OR TOWN <u>Spring Creek TWP.</u>		c. LENGTH OF STAY (In this place) <u>72</u>		c. CITY OR TOWN <u>Salem, Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spring-Creek TWP. Hwy 19 S.</u>				e. STREET ADDRESS (If rural, give location) <u>Salem, Missouri</u> 0330					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Warden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 8, 1885</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin, County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lonzo Rector</u>			13b. MOTHER'S MAIDEN NAME <u>Arlita Vincen</u>		14. NAME OF HUSBAND OR WIFE <u>Bill Warden</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Bacon</u>		ADDRESS <u>Turtle, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Death by unavoidable accident (Jury Verdict)</u> <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by unavoidable accident (Jury Verdict)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy. 19 South</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salem, Dent Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 18 57 6:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by auto while walking on Hwy</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30pm</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wayne B. Powell, D.O.</u>				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>12-20-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greeley, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greeley, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12/20/57</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Ly...</u>		ADDRESS <u>Salem, Missouri</u>			

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

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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 *Carl H. Spence*

Licensed Embalmer No. *2370*

P. O. Address *Calumet*

**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.**