

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Worth		a. STATE Missouri	b. COUNTY Worth
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worth	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Worth	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 55 yrs	d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH				Month	Day	Year
Nancy		Cordelia	Richards	May 25, 1958							
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
Female	White	WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		Nov. 6, 1877		80		Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY?			
Housekeeper		Own Home		Greene County, Tennessee				U. S.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
John Pickering				Mary Jane Pierce							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address					
No		None		J. R. Richards -		Worth, Missouri					

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>Carcinoma common bile duct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1yr</u>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? <u>2</u> 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 a. m. p. m.		Month, Day, Year					
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
				12-28-58		5-25-58		5-10-58	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.									
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Frank E Matteson M D					22b. ADDRESS Grant City, Mo			22c. DATE SIGNED 5/27/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	23d. LOCATION (City, town, or county) (State) Grant City, Missouri
24. FUNERAL DIRECTOR Bill A. Dunbar - Grant City, Mo		25. DATE RECD. BY LOCAL REG. May 29, 1958	26. REGISTRAR'S SIGNATURE Leta E. Dunson

(Licensed Embalmer's Statement on Reverse Side)

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. *Bill A. Dunfee*

Licensed Embalmer No. *49*

P. O. Address *Gant*

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