

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026695
STATE FILE NUMBER

HELD JUL 29 1958 Registration District No. 316 Primary Registration District No. 6075- Registrar's No. 281

| | | | | | | | |
|--|--|---|---|---|--|--|---|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY St. Francois | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. | | a. STATE Missouri | | b. COUNTY Miss. Co. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4 | | Length of stay in 1b 35y, 8m, 19da | | c. CITY OR TOWN Charleston 0672 0 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) KITTY NANCE | | | | 4. DATE OF DEATH Month Day Year July 4, 1958 | | | |
| 5. SEX Female 1 | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 1881 | |
| 9. AGE (In years last birthday) 77 | | 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) Union County, Ky. 1 | |
| 12. IF UNDER 1 YEAR Months Days Hours Min. | | 13. FATHER'S NAME Unknown | | 14. MOTHER'S MAIDEN NAME Unknown | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 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 Address Records, State Hospital #4, Farmington, 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) Coronary Occlusion - - - - - instantaneously. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis and senility - - - - - | | | | | | | Unknown. |
| DUE TO (c) _____ 4201 | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Manic Depressive Psychosis. | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input checked="" 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.) Accidental fall on ward of mental hospital. | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 5:30 A.M. 3-26-58. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ward of mental hospital | | 20f. CITY, TOWN, OR LOCATION St. Francois Twp. | | COUNTY STATE St. Francois Mo. | |
| 21. I attended the deceased from March 25, 1958, to July 4, 1958 and last saw her alive on July 4, 1958 Death occurred at 7:00 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) John B. Brennan M.D. | | | | 22b. ADDRESS State Hospital No. 4 Farmington, Missouri | | 22c. DATE SIGNED 7-4-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 6, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Dawson | | 23d. LOCATION (City, town, or county) (State) Greenwood, Arkansas | |
| 24. FUNERAL DIRECTOR McConnell Funeral Home, Greenwood, Ark. | | | | 25. DATE RECD. BY LOCAL REG. July 4 1958 | | 26. REGISTRAR'S SIGNATURE Esther Rudloff | |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service 940 2 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually 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.....
C. H. Cozian
40
Licensed Embalmer No.

P. O. Address *Farmingdale*

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.