Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032150
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Cooper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Boonville 0270 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 114 E. Water St. — Length of stay in 1b 1 hr.	d. STREET ADDRESS (If outside, give location) RFD — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First NELLIE	Middle GRACE	Last BLANK	4. DATE OF DEATH Month Day Year October 8, 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Sept. 1, 1899	9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 home	11. BIRTHPLACE (City and state or country) Moniteau County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Cassil	13b. MOTHER'S MAIDEN NAME Alice Hampton	14. NAME OF HUSBAND OR WIFE Ernest A. Blank		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT Ernest A. Blank	Address RFD Boonville, Mo.	

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH Inst

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 No attendance and last saw her/him alive on
Death occurred at 9:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M L Dickraeger M D - Coroner 3

22b. ADDRESS Boonville Mo

22c. DATE SIGNED 10/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/11/58	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	23d. LOCATION (City, town, or county) (State) Boonville, Mo.
24. FUNERAL DIRECTOR B. W. Thacher	ADDRESS Boonville, Mo.	25. DATE RECD. BY LOCAL REG. 10/10/58	26. REGISTRAR'S SIGNATURE D B Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

APR 15 1959

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.