

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018551

STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 143

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1-57

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|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Maryville 07420 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis | | Length of stay in 1b 1 month | d. STREET ADDRESS (If outside, give location) 821 East First Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HELEN McNELLIS | | | 4. DATE OF DEATH Month Day Year 6 10 59 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5/12/84 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-retired | | 10b. KIND OF BUSINESS OR INDUSTRY School System | 11. BIRTHPLACE (City and state or country) Maryville, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Patrick McNellis | |
| 13b. MOTHER'S MAIDEN NAME Mary Dougan | | 14. NAME OF HUSBAND OR WIFE none | |
| 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. | |
| 17. INFORMANT Address J. W. Whan, Maryville, 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) Carcinoma of bladder metastatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of ovary DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 1750 | |
| 19. WAS AUTOPSY PERFORMED? 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 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 1/14/57 to 6/10/59 and last saw her <input checked="" type="checkbox"/> alive on 6/10/59 Death occurred at 8:12 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) M. D. | |
| 22b. ADDRESS Maryville, Missouri | | 22c. DATE SIGNED 6/11/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 6/12/59 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's | 23d. LOCATION (City, town, or county) (State) Maryville, Missouri |
| 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-11-59 | 26. REGISTRAR'S SIGNATURE Bess Bolt |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville*

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.