Health, & Welfare Public Service

5. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-020181
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 113

**1. PLACE OF DEATH**
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada Hosrital — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 925 West Cherry — Reside on Farm Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Robert Middle: William Last: Dancey

**4. DATE OF DEATH**: Month: May Day: 14 Year: 1959

**5. SEX**: M

**6. COLOR OR RACE**: Wh

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH**: March 22, 1879

**9. AGE** (In years last birthday): 80 — 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): Railroad Machinist

**10b. KIND OF BUSINESS OR INDUSTRY**: Retired

**11. BIRTHPLACE** (City and state or country): St. Johns, Newfoundland

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: James Henry Dancey

**13b. MOTHER'S MAIDEN NAME**: Eloise Snow

**14. NAME OF HUSBAND OR WIFE**: Pearl Adele Dancey, Deceased

**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.**: 702-14-7361A

**17. INFORMANT**: Mrs. Ray Thomas Address: Montreal, Canada

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Congestive heart failure | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Generalized Arteriosclerosis | Unknown |
| DUE TO (c) | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4560

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

**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 May 5, 1959, to May 14, 1959 and last saw ~~her~~ him alive on May 14, 1959
Death occurred at Nevada, Mo. 6:43P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): L. P. McCann, M.D.

**22b. ADDRESS**: Moore Building, Nevada, Mo.

**22c. DATE SIGNED**: 5/18/1959

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: May 18, 1959

**23c. NAME OF CEMETERY OR CREMATORY**: Mt. Moriah Cemetery

**23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Ferry Funeral Home Nevada, Missouri

**25. DATE RECD. BY LOCAL REG.**: 5-22-1959

**26. REGISTRAR'S SIGNATURE**: Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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.

MAY 27 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 L. Douglas Farey

Licensed Embalmer No. 4960

P. O. Address Nevada, Mis

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.