

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002351

FILED VS. JAN 25 1960 / 176

Registration District No. 176 Primary Registration District No. 5654 Registrar's No. \_\_\_\_\_ STATE FILE NUMBER 22

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|   |                                       |   |   |
|---|---------------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Miller Lincoln</u>      | Length of stay in 1b<br><u>Native</u> | c. CITY OR TOWN <u>Miller</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence</u> |                                       | d. STREET ADDRESS (If outside, give location)   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                               |   |   |  |  |   |
|--|-------------------------------|---|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Nettie</u> Middle <u>Collison</u> Last _____                       |                               |   | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>19</u> Year <u>1960</u> |  |  |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-23-1873</u>                              | 9. AGE (last birthday)<br><u>86</u>                      | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>27</u> | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>house keeper</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Lawrence Co.</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>USA</u> |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
| 13a. FATHER'S NAME<br><u>James Nickel</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Jane Breeden</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>           |  |   |

|   |  |   |               |
|---|--|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Homer Callison Miller Mo.</u> | Address _____ |
|---|--|---|---------------|

|   |                            |  |
|---|----------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                            | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a)   | <u>Cerebral hemorrhage</u> |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | <u>Hypertension</u>        |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                            | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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<br>_____ COUNTY _____ STATE _____ |
|--|--|--|

21. I attended the deceased from Jan 17 - 60 to -60 and last saw her <sup>her</sup> alive on Jan 17 - 60  
Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>W. S. Bruney M.D.</u> (Degree) (Title) | 22b. ADDRESS<br><u>Miller Mo.</u> | 22c. DATE SIGNED<br><u>1-20-60</u> |
|---|-----------------------------------|------------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>1-21-1960</u> | 23c. NAME OF CEMETERY<br><u>Misemer</u> | 23d. LOCATION (City, town, or county) (State)<br><u>East of Miller Mo.</u> |
|--|-------------------------------|---|--|

|   |                              |  |  |
|---|------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><u>Morris-Liman</u> | ADDRESS<br><u>Miller Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>1-20-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>W. S. Bruney</u> |
|---|------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller T

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