

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009780

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 109

FILED APR 3 1961

1. PLACE OF DEATH
a. COUNTY MARION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY RALLS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL Length of stay in lb 10 Days

c. CITY OR TOWN Huntington, Mo. Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STELIZABETH HOSPITAL Inside Limits Yes No d. STREET ADDRESS (If outside, give location) RR # 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
NANCY AMELIA McCLINTOCK MARCH 20th 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-26-1878 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months 11 Days 24 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of present life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) RALLS COUNTY, MISSOURI. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME PETER A SHULTZ 13b. MOTHER'S MAIDEN NAME AMANDA ANDERSON 14. NAME OF HUSBAND OR WIFE JAMES H McCLINTOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Henry McClintock Address Monroe City, 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) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia & Arteriosclerotic Nephritis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

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 6-29-59 to 3-20-61 and last saw her alive on 3-20-61 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M. D. 22b. ADDRESS 100 N. Sixth, Hannibal, Mo. 22c. DATE SIGNED 3-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3-23-1961 23c. NAME OF CEMETERY OR CREMATORY ARIEL CEMETERY 23d. LOCATION (City, town, or county) (State) RALLS COUNTY, MISSOURI

24. FUNERAL DIRECTOR Nelson Horn ADDRESS MONROE CITY, MO. 25. DATE RECD. BY LOCAL REG. 3/24/61 26. REGISTRAR'S SIGNATURE dr. E. M. Duché by Lillian M. Herman

DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

MAY 14 1901

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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leatie L. Wilson _____

Licensed Embalmer No. 3014 _____

P. O. Address Memphis, Tenn. _____

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.