

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006227  
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. Surge Registrar's No. 345

**FILED MAR 13 1962**

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb 1 year  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shufline Acres RT. 4 Box 609 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Greene  
c. CITY OR TOWN Springfield Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) RT. 4 Box 609 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Nancy Preston Feb. 27-62

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-25-1899 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping 10b. KIND OF BUSINESS OR INDUSTRY House Keeping 11. BIRTHPLACE (City and state or country) Walnut Grove, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Virgil Hines 13b. MOTHER'S MAIDEN NAME Nancy Neil 14. NAME OF HUSBAND OR WIFE James T. Preston

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. NONE 17. INFORMANT Address Mrs. Rachel Hawkins, Springfield, 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) Cardio-Vascular Disease INTERVAL BETWEEN ONSET AND DEATH  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 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 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 1961 to Feb. 27, 1962 and last saw her alive on Feb. 24, 1962  
Death occurred at 5:22 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leyman D. Brown M.D. 22b. ADDRESS 311 1/2 College 22c. DATE SIGNED 3/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-1-62 23c. NAME OF CEMETERY OR CREMATORY Green lawn Cemetery 23d. LOCATION (city, town, or county) (State) Walnut Grove, Mo.

24. FUNERAL DIRECTOR ADDRESS Canada Funeral Home 25. DATE RECD. BY LOCAL REG. 3-6-62 26. REGISTRAR'S SIGNATURE Effie S. Melton

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
ITEM NO. SHOULD READ

**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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, N.H.

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.