

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010503

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 561

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 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 3 2ks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Connelly Nurshing Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Greene
 c. CITY OR TOWN Rogersville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) NANCY RHODA ORLENA HALE 4. DATE OF DEATH Month Day Year April 6, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-3-1879 9. AGE (last birthday) 83 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Christian Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Poynor 13b. MOTHER'S MAIDEN NAME Mary Poynor 14. NAME OF HUSBAND OR WIFE Dec.

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 Rassa Hale, Rt. #1, Rogersville Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Ischemia due to
 DUE TO (b) Cerebral Ischemia
 DUE TO (c) Generalized arteriosclerosis
 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) Hypertensive Vascular Disease
 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 NONE 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 NONE
 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 2-15-62 to 4-6-62 and last saw her ^{her} alive on 4-6-62
 Death occurred at 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 609 Cherry, Springfield, Mo 22c. DATE SIGNED 4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-8-62 23c. NAME OF CEMETERY OR CREMATORY Pembina Cemetery 23d. LOCATION (City, town, or county) (State) Christian Co., Missouri

24. FUNERAL DIRECTOR H. C. Ferrell, Rogersville, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 4-10-62 26. REGISTRAR'S SIGNATURE Effie S. Melton

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W.I. Park
 USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 1 0347
 2 0390
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 332X
 10
 11 1286-0
 13

Permit renewed 4-6-62 (Horne)

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 Wm H Ferrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Mo.

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.