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FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24295
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 2023 Registrar's No. 555

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General
Length of stay in 1b 12 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Henry
c. CITY OR TOWN Urich Mo
Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Nancy Middle Elizabeth Last Johnson
4. DATE OF DEATH Month July Day 30 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Oct 12 - 1873
9. AGE (In years last birthday) 83
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)
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (City and state or country) Henry co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Allen Pfost
14. MOTHER'S MAIDEN NAME Caroline Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Chas. R. Johnson Address 6610 Wenonah Terrace K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pyelonephritis
INTERVAL BETWEEN ONSET AND DEATH 3 mo.

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)
acute urinary infection 6000

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 1945, to 7-30-57 and last saw her alive on 7-30-57
Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. B. Hughes (Degree or title) M.D.
22b. ADDRESS Clinton Mo
22c. DATE SIGNED 8-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug-1-1957
23c. NAME OF CEMETERY OR CREMATORY Urich Cemetery
23d. LOCATION (City, town, or county) Urich (State) Mo

24. FUNERAL DIRECTOR W. J. Brown ADDRESS Urich Mo
25. DATE RECD. BY LOCAL REG. 8-2-57
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. N. D. Vansant

Licensed Embalmer No. 37

P. O. Address Chilton

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