

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043924

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 142 Primary Registration District No. 4931 Registrar's No. 53

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Hawell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Hawell</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Mountain View</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mountain View</u> 0460 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in lb <u>Yes</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>NANCY</u> Middle <u>M</u> Last <u>BIRGE</u>			4. DATE OF DEATH Month <u>11</u> Day <u>26</u> Year <u>58</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec-9-1868</u>
9. AGE (In years, Months, Days) <u>87</u>		IF UNDER 1 YEAR Month <u>11</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Franklin Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eli Cooper</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Armistead</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Eli Birge, Dove Creek, Colo.</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)+ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Ind</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>			-
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <u>1950</u> to <u>1958</u> and last saw her alive on <u>Nov-20-1957</u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Lavern Hampton D.D. Summersville MO</u>		22b. ADDRESS <u></u>	22c. DATE SIGNED <u>12-12-57</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>W.</u>	23b. DATE <u>11-29-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platrock Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Summersville MO</u>
24. FUNERAL DIRECTOR <u>Hinman Min Ohio MO</u>		25. DATE REC'D BY LOCAL REG. <u>12-15-1958</u>	26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Joe R. Dunbar* .....

Licensed Embalmer No. *4235* .....

P. O. Address *Miss. Univ. 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.