

34159

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY Newton b. CITY (If outside corporate limits, write RURAL and give township) _____ c. LENGTH OF STAY (If this place) 12 hrs.

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death)
a. STATE MISSOURI b. COUNTY NEWTON

3. CITY (If outside corporate limits, write RURAL and give township): NEOSHO c. CITY (If outside corporate limits, write RURAL and give township): NEOSHO d. STREET ADDRESS (If rural, give location): RURAL e. DATE OF DEATH (Month) (Day) (Year) OCT 28 1955

4. FULL NAME OF HOSPITAL OR INSTITUTION: SAFE MEMORIAL HOSP e. DATE OF DEATH (Month) (Day) (Year) OCT 28 1955

5. NAME OF DECEASED (Type or Print) NANCY J. LINGLE f. DATE OF DEATH (Month) (Day) (Year) OCT 28 1955

6. SEX FEMALE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH APRIL 16, 1874 9. AGE (In years, months, days) 81 10. CITIZENSHIP (If not a citizen of the U.S., give country) U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWN HOME 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE (City and State or Foreign Country) TEXAS COUNTY MISSOURI 12. CITIZENSHIP (If not a citizen of the U.S., give country) U.S.A.

13. FATHER'S NAME GEORGE MORRIS 13a. MOTHER'S MAIDEN NAME MINNHOYIN GOBLER 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If give year or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME HARMON LINGLE ADDRESS NEOSHO MO. P#3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure
MEDICAL CERTIFICATION
ANTECEDENT CAUSES Myocardial conditions, if any, giving rise to the above cause (a) during the smothering cause last.
DUE TO (c) 443X

19. MAJOR FINDINGS OF OPERATION _____

20. ACCIDENT (Specify) _____ 20. AUTOPSY? YES NO

21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway) _____ 21b. HOW DID INJURY OCCUR? _____

21c. CITY, TOWN, OR TOWNSHIP _____ (COUNTY) _____ (STATE) _____

22. I hereby certify that I attended the deceased from Oct 27, 1955, to Oct 28, 1955, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23. SIGNATURE Melvin C. Bowman 23a. ADDRESS Neosho Mo 23b. DATE SIGNED Nov 3

24. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL 24a. DATE 11-1-1955 24b. NAME OF CEMETERY OR CREMATORY HAZEL GREEN 24c. LOCATION (City, town, or county) Newton County Missouri

25. DATE RECD BY LOCAL REG. 11-7-55 25a. REGISTRAR'S SIGNATURE Melvin C. Bowman 25b. REGISTRAR'S SIGNATURE AND ADDRESS Melvin C. Bowman 223 70 Oakley Thompson rd. Neosho Mo.

Nancy Jane (Morris) Lingle

1874-1955 (81)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD