

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34159

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 decedent occupies dwelling, write RURAL and give township) NEWSHO

2. USUAL RESIDENCE (When deceased lived. If institution, residence before a. STATE MISSOURI b. COUNTY NEWTON

c. CITY (If decedent occupies dwelling, write RURAL and give township) RURAL

d. FULL NAME OF (If not the beneficiary of beneficiaries, give street address or location) STATE MEMORIAL HOSP

d. STREET ADDRESS NEWSHO RFD #3

3. NAME OF DECEASED (Type or Print) NANCY

4. DATE OF DEATH (Month) (Day) (Year) Oct 28 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH April 16, 1874

10a. USUAL OCCUPATION (Other than that of one engaged during course of service, give if required) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

9. AGE (In years, months and days) 81

12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

11a. FATHER'S NAME GEORGE MORRIS

11b. MOTHER'S MAIDEN NAME WINKHOYN

13. INFORMANT'S SIGNATURE OR NAME HARMON LINGLE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME HARMON LINGLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MEDICAL CERTIFICATION

* This does not mean the mode of death, such as asphyxiation, etc. It means the disease, injury, or complication which caused death.

2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)

21d. TIME OF INJURY

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

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

23a. SIGNATURE (Physician or other qualified person) [Signature]

23b. ADDRESS [Address]

24a. BIRTHAL CREMATION REMOVAL (Specify)

24b. DATE 11-1-1955

24c. REGISTRAR'S SIGNATURE Melvin Q. Bowman

24d. NAME OF CEMETERY OR CREMATORY HAZEL GREEN

25. GENERAL DIRECTOR'S SIGNATURE [Signature]

25a. LOCATION (City, town, or county) NEWTON COUNTY MISSOURI

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

1874-1955 (81) Nancy Jane Morris (Lingle)