

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11455

State File No.

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton, Mo.</u>		c. CITY OR TOWN <u>Bosworth</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 Weeks</u>		e. STREET ADDRESS (If rural, give location) <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Staton Clinic & Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie</u>	b. (Middle) <u>Elma</u>	c. (Last) <u>Nell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 26, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles C. Dulaney</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Elma Thacher</u>	14. NAME OF HUSBAND OR WIFE <u>Louis H. Nell</u>
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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>496-32-3436</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis H. Nell</u>	ADDRESS <u>Bosworth, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastasis of the</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma from</u> DUE TO (c) <u>the right Breast</u>		
II. 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 <u>170 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>I</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 24, 1954 to April 30, 1954 that I last saw the deceased alive on April 30, 1954 and that death occurred at 10:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Hamilton Stiten, M.D.</u> (Degree or title)	23b. ADDRESS <u>Carrollton, Mo.</u>	23c. DATE SIGNED <u>April 30</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemete ry</u>	24d. LOCATION (City, town, or county) (State) <u>SW Bosworth Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/5/54</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u>	ADDRESS <u>Carrollton</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 18 1956

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.....
R. M. Anderson

Licensed Embalmer No. *446*
P. O. Address *Carroll*

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.