

Nancy R Counts

Memorial

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Birth: 1879
Death: 1956

Note: OBITUARY: Nancy R. Counts was born in the Hopewell Community in Dent County Missouri. She reached the age of 77 years, 1 month and 4 days. Her parents were Hugh and Lucinda Berry both having preceded her in death years ago. She was married to Tom Co

Burial:

[Roberts Cemetery](#)

Cook Station

Crawford County

Missouri, USA

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Created by: [Diana Berkel](#)

Record added: Apr 06, 2012

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23213

State File No.

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 21

0280

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>STEELYVILLE</u>		c. CITY OR TOWN <u>STEELYVILLE</u>	
c. LENGTH OF STAY (in this place) <u>4 YR.</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERAMEC NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>0280</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>COUNTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 4 - 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		8. DATE OF BIRTH <u>JUNE 29 - 1879</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SLIGO, MO.</u>		9. AGE (In years last birthday) <u>77</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 WKS: Hours _____ Min. _____			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>HUGH BERRY</u>		
13b. MOTHER'S MAIDEN NAME <u>MATILDA HURSON</u>			14. NAME OF HUSBAND OR WIFE <u>THOMAS J. COUNTS</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOE WYNN - STEELYVILLE, MO.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 1950, to July 17, 1956, that I last saw the deceased alive on July 17, 1956, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Steelyville Mo</u>		23c. DATE SIGNED <u>8/1/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 6 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROBERTS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CRAWFORD COUNTY, MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>8/9/56</u>		24f. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Halbert</u>		25. ADDRESS <u>STEELYVILLE, MO.</u>			

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