

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Rural Big River</u>		c. CITY OR TOWN <u>Rural Big River, Miss. 44</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R-1 Bonne Terre</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-1 Bonne Terre</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>NASH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 16, 1876</u>		9. AGE (in years last birthday) <u>73</u>		10. UNDER 1 YEAR Days <u>1</u> 11. UNDER 2 HRS. Hours <u>6</u> Min.	
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		11. BIRTHPLACE (State or foreign country) <u>St. Francois Co. Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Rebekah Carter</u>	
14. NAME OF HUSBAND OR WIFE <u>Stewart Jackson Nash</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'S SIGNATURE OR NAME <u>Wilfred Nash</u>		18. ADDRESS <u>R-1 Bonne Terre Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>410X</u>	

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 July 16, 1949, to July 22, 1949, that I last saw the deceased alive on July 16, 1949, and that death occurred at 7:00 Am. from the causes and on the date stated above.

23a. SIGNATURE <u>B. Mavity, M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre, Mo</u>		23c. DATE SIGNED <u>7/24/49</u>	
24a. BURIAL CREAM-ERY REMOVAL (Specify)		24b. DATE <u>July 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Bonne Terre, Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. C. Benton</u>		ADDRESS <u>416 Bonne Terre, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 25, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether R. ...</u>			

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

RECEIVED 8-1-49

District Health Officer No. 4

District File Number 849-1028

Date Filed _____

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 _____
Student Embalmer

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Corning, Iowa

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 this body is not embalmed, fact should be so stated above.