S. No. 300
v. 10.48

47

FILED NOV 14 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33736

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Graniteville
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Graniteville
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lura
b. (Middle): Belle
c. (Last): Nash

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 10-49

**5. SEX**: fem
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: April 4 1878
**9. AGE** (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 6 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Joseph McLaughlin
**13b. MOTHER'S MAIDEN NAME**: Isabelle Spangler
**14. NAME OF HUSBAND OR WIFE**: Ferman Nash

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: no
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: John Francis, Graniteville Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Double Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 Dys

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Complete Paralysis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: ✓ — 490X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: ✓
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**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 10, 1949, *to* Oct 10, 1949, *that I last saw the deceased alive on* Oct. 10, 1949, *and that death occurred at* 12.17 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): F. W. Gale MD
**23b. ADDRESS**: Bismarck Mo.
**23c. DATE SIGNED**: Oct 11-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 10-12-49
**24c. NAME OF CEMETERY OR CREMATORY**: Graniteville
**24d. LOCATION** (City, town, or county) (State): Graniteville Mo.

**DATE REC'D BY LOCAL REG.**: Nov 1- 1949
**REGISTRAR'S SIGNATURE**: Mrs Elizabeth Logan 129
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: White Funeral Home, Ironton Mo. A. J. White

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-5-49

District Health Officer No. 4

District File Number 1149-1462

Date Filed

Lizzie Peter Pneumonia 52 yrs

Complete Paralysis 10 yrs

**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 Ansel J. White

Licensed Embalmer No. 8412

P. O. Address Fronton Neo

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.