

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40545

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY OR TOWN <u>CLEVER</u>		c. CITY OR TOWN <u>CLEVER</u>	
c. LENGTH OF STAY (In this place) <u>29 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PRESTON</u> b. (Middle) <u>GEROME</u> c. (Last) <u>NASH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 14 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>12-31-1872</u>
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STATION</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GAS, OIL ETC.</u>
11. BIRTHPLACE (State or foreign country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN W. NASH</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES ACUFF</u>	
14. NAME OF HUSBAND OR WIFE <u>MYRTLE ACUFF 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>CHARLES H. NASH</u> ADDRESS <u>WALNUT GROVE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adams-stokes disease</u> DUE TO (c) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4330</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) (Min.)		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 <u>August</u> , 19 <u>48</u> , to <u>Nov. 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 14</u> , 19 <u>49</u> , and that death occurred at <u>3:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Karl F. Leidinger, M.D.</u>		23b. ADDRESS <u>Clever, MO</u>	
23c. DATE SIGNED <u>11-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-16-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>POLK COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>11-16-49</u>		REGISTRAR'S SIGNATURE <u>Allene Dreier</u> ADDRESS <u>601 John Dean Harris, Clever, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

RECEIVED DEC 7 1949  
District Health Office No. 6,  
District File Number 1249-1333  
Date Filed 12-14-49

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.

Signed John Dean Harris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo

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.