

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40644**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 39-1949

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

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 OR TOWN <u>Oak Hill</u> ) c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, with RURAL and give township) <u>Oak Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>Tr # 1, Cuba, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Nahler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-18-1873</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <u>**</u>	11. BIRTHPLACE (State or foreign country) <u>near Walbert, No. D</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Geo. N. Blackwell</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Frances May</u>		14. NAME OF HUSBAND OR WIFE <u>Gus Nahler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>**</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gus Nahler</u> ADDRESS <u>Oak Hille. 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>Lt. Hemiplegia - Due To</u> ANTECEDENT CAUSES DUE TO (b) <u>Intracranial Hemorrhage</u> DUE TO (c) <u>On Hypertensive Basis</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	
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) m.		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>12-17, 1949</u> to <u>12-19, 1949</u> , that I last saw the deceased alive on <u>12-17, 1949</u> , and that death occurred at <u>11:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C. Shanklin, M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>	
23c. DATE SIGNED <u>12-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Walbert, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. Winter</u> ADDRESS <u>Owensville</u>	
DATE REC'D BY LOCAL REG. <u>12-22-49</u>		REGISTRAR'S SIGNATURE <u>Paul C. Shanklin</u> 3721	

RECEIVED 1/3/50  
District Health Officer No. 6,  
District File Number 15015  
Date Filed 1/6/50

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin H. N. Winter

Licensed Embalmer No. 3838

P. O. Address Quincyville Md

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.