

FILED MAY 6 1950

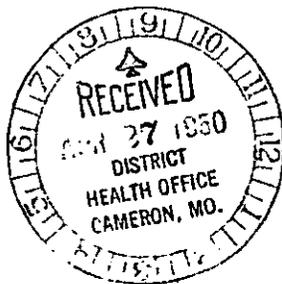
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12738

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4227 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u>	
c. LENGTH OF STAY (In this place) <u>15 months</u>		d. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Craig, Missouri</u>		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Marie</u> c. (Last) <u>Nash</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1950</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>February 18, 1894</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Dawson, Nebr.</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>In the home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Libbie</u>	14. NAME OF HUSBAND OR WIFE <u>Robert 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 ADDRESS <u>Robert Nash Craig, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>			3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Asthma</u>			
DUE TO (c) <u>Chronic Myocarditis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3 yrs
19a. DATE OF OPERATION			4228
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>June</u> , 19 <u>49</u> , to <u>April</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 14, 1950</u> , and that death occurred at <u>11 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. Bruce McRae M.D.</u>		23b. ADDRESS <u>Craig Mo.</u>	23c. DATE SIGNED <u>4/15/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGH Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dawson Nebr.</u>
DATE REC'D BY LOCAL REG. <u>4-17-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>1220 Wilber L. Schooner</u>	ADDRESS <u>Craig, Mo</u>

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



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Schober*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.

THE BODY OF RUTH MARIE NASH WAS EMBALMED BY ME IN THE DORR-PHILPOT FUNERAL HOME, FALLS NEBRASKA. *Russell E. Dorr* RUSSELL E. DORR-NEBR. EMBALMER'S LICENSE # 1766