

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Perry mo 43724
State File No.

11/2
FILED DEC 26 1951

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6099 Registrar's No. 425

0970
2

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY OR TOWN <u>Rural Marshall</u>		c. LENGTH OF STAY (If in this place) <u>24 days</u>	c. CITY OR TOWN <u>Rural</u> <u>0970</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO State School</u>			d. STREET ADDRESS (If rural, give location) <u>near Perry mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Nays</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1951</u>		
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5. SEX <u>Male</u>	16. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 18 1937</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>14 4 27</u>	IF UNDER 1 YEAR OF UNDER 2 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Moore F Nays</u>	13b. MOTHER'S MAIDEN NAME <u>Mable Ronchetta</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Regard Hospital</u> ADDRESS <u>Marshall Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>3533</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Nov 21, 1951, to Dec 15, 1951, that I last saw the deceased alive on Nov 10, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Salyer M.D.</u>	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>12-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Ralls County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 16 1951</u>	REGISTRAR'S SIGNATURE <u>Chidney J Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Herschberger</u> ADDRESS <u>Marshall Mo</u>
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RECEIVED 12-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 12-26-51

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 Joseph R. Mackler
Licensed Embalmer No. 4571

Signed
Student Embalmer

P. O. Address Marshall, 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.