

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9068

State File No. ....

FILED MAR 21 1952

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 16

1. PLACE OF DEATH  
a. COUNTY MADISON  
b. CITY (If outside corporate limits, write RURAL and give township) FREDERICK TOWN  
c. LENGTH OF STAY (In this place) 10 mos  
d. FULL NAME OF HOSPITAL OR INSTITUTION FREDERICK TOWN, MO.

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

3. NAME OF DECEASED  
a. (First) WILEY b. (Middle) THEODORE c. (Last) NATIONS  
4. DATE OF DEATH (Month) (Day) (Year) MARCH 9, 1952

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH APRIL 5, 1876 9. AGE (In years last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES W. NATIONS 13b. MOTHER'S MAIDEN NAME MARY A. FULTON 14. NAME OF HUSBAND OR WIFE ETHEL G. NATIONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ETHEL G. NATIONS ADDRESS Fredricktown, 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, asthma, etc. It means the disease, injury, or complication which caused death.*  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Aortic regurgitation & myocardial degeneration.  
ANTECEDENT CAUSES 1 yr.  
Morbidity 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 4211 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) \_\_\_\_\_ 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 June, 1950, to MARCH 9, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 12:08 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. W. DeLeyne, D.O. (Degree or title) 23b. ADDRESS Fredericktown, Mo. 23c. DATE SIGNED 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BUVIAL 24b. DATE 3-11-52 24c. NAME OF CEMETERY OR CREMATORY PINE HILL CEMETERY 24d. LOCATION (City, town, or county) (State) BOLLINGER Co. Mo.

DATE REC'D BY LOCAL REG. 3-11-52 REGISTRAR'S SIGNATURE Therence Tucker 1957 25. FUNERAL DIRECTOR'S SIGNATURE Sam Taylor ADDRESS Fredericktown, Mo.

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

MADISON CO. HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
MAR 20 1952  
RECEIVED

FILE No. 352-16

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

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

Signed William B O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredricktown 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.