

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11685

State File No. ....

FILED APR 11 1952

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 3074

Registrar's No. 69

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Sikeston, Mo.</u>	c. LENGTH OF STAY (in this place) <u>5 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN East Prairie</u>	d. STREET ADDRESS (If rural, give location) <u>Rt # 2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Paul</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Nance</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-1-1919</u>
9. AGE (in years last birthday) <u>3 yrs.</u>	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>Oran, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Paul B. Nance</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Hinkle</u>	14. NAME OF HUSBAND OR WIFE <u>---</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>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul B. Nance</u>
		ADDRESS <u>East Prairie #2 Rt</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		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningococci Meningitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0570</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 2-29, 1952, to 3-30, 1952, that I last saw the deceased alive on 7-30, 1952, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Mullan M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sikeston Mo.</u>	23c. DATE SIGNED <u>3-31-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Miss MO</u>
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DATE REC'D BY LOCAL REG. <u>4-2-52</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie L. Zerkel</u>	ADDRESS <u>East Prairie, Mo.</u>
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RECEIVED APR 7 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-97

7/10/52  
D. P. Miller

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 J. E. Miller  
Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.