S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D MAY 5- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12687

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 434

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2nd N. Campbell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2Mi. North Spgfd. HW13

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar 0841
d. STREET ADDRESS (If rural, give location): Bolivar 1

3. NAME OF DECEASED (Type or Print)
a. (First): Julian
b. (Middle): F.
c. (Last): Nash

4. DATE OF DEATH (Month) (Day) (Year): May 1 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 15 May 1923
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice Cream Operator
10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream Concession
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Nash
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WWII
16. SOCIAL SECURITY NO.: 486-28-8376
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: James Nash 4462 Floriss St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed skull, and concussion

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 039
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HW 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield Greene Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 1, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 2:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. Allen Pickens, Coroner 13
23b. ADDRESS: 407 Medical Arts Bg.
23c. DATE SIGNED: 5-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 1 May 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Louis Mo.
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 5-3-52
REGISTRAR'S SIGNATURE: James R Ross, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J.W. Klingner & Co. Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1952

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 Ogle Stone Jr.

Signed.....
Student-Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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.