

S. No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DECEASED MAY 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5530 Registrar's No. 27

440  
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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 OR TOWN <u>Rural Benton Twp.</u> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Benton Twp.</u> <u>0440</u> )	
c. LENGTH OF STAY (Specify place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. south of Mound City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. south of Mound City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Elliott</u>	c. (Last) <u>Nay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 25, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct. 11, 1883</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 months: Days) (If under 24 hours: Hours) (If under 60 minutes: Mins.) <u>68</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mound City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Horace F. Nay</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda S. Bunch</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lee Meek Mound City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 MINUTES.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BURNED TO DEATH.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CLOTHING CAUGHT FIRE</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home (on farm)</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>6 Mo. SO. MOUND CITY, MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>APR. 25, '52 6 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>BURNING GRASS AROUND THE BUILDINGS.</u>
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22. I hereby certify that I attended the deceased from NO, 19  , to NO, 19  , that I last saw the deceased alive on NO, 19  , and that death occurred at    m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. E. Callain</u>	23b. ADDRESS <u>A. B. D. CORNER HOLT, CO. OREGON MO.</u>	23c. DATE SIGNED <u>4-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/28/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Mound City, Mo.</u>
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DATE/REC'D BY LOCAL REG. <u>4/28/1952</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Crawford Mound City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student .....  
Student Embalmer

Signed *James H. Crawford* .....

Licensed Embalmer No. *4796* .....

P. O. Address *New City, 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.