

NO. 300 JUN 30 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19226

State File No.

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3900	Registrar's No. 227
1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <i>Missouri</i> b. COUNTY <i>Shelby</i>)		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kirkville</i>		c. LENGTH OF STAY (in days) <i>9 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Shelburna</i> 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Laughlin Hospital</i>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Walter</i> b. (Middle) <i>-</i> (Last) <i>Nance</i>		4. DATE OF DEATH (Month) <i>June</i> (Day) <i>20</i> (Year) <i>1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Aug-14-1885</i>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Soap maker</i>	9. AGE (In years last birthday) <i>66</i> 10. IF UNDER 1 YEAR <i>10</i> 11. IF UNDER 6 HRS. <i>6</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Fayette Co. 20.1</i>	
13a. FATHER'S NAME <i>Jefferson Nance</i>		13b. MOTHER'S MAIDEN NAME <i>Christie Bowes</i>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jess Nance</i> ADDRESS <i>Shelburna Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute coronary embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>None</i>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>myocardial failure</i> <i>was</i>		
		DUE TO (c) <i>Chr. Horn. Hypertension yrs</i>		
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		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) <i>3907</i> (COUNTY) <i>592X</i> (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 <i>6-11-52</i> , 19 <i>52</i> , to <i>6-20-52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-20</i> , 19 <i>52</i> , and that death occurred at <i>10:30 A.M.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>J. D. McClure</i> (Degree or title) <i>Dr.</i>		23b. ADDRESS <i>Kirkville Mo</i>		23c. DATE SIGNED <i>6-20-52</i>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6/22/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>C.O.O.F.</i>
24d. LOCATION (City, town, or county) <i>Shelburna</i>		24e. STATE <i>Mo</i>		
DATE REC'D BY LOCAL REG. <i>6-20-52</i>		REGISTRAR'S SIGNATURE <i>Kate Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Barkeley & Hawkins</i> ADDRESS <i>Shelburna Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

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mo

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.....

Henry A. Berkeley

Signed.....
Student Embalmer

Licensed Embalmer No. 3835

P. O. Address Shelburne - 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.