

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27407**

SEP 2 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **272**

164

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau | |
| c. LENGTH OF STAY (In this place) 21 yrs. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | d. STREET ADDRESS (If rural, give location) 381 Country Club Drive | |

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|-------------------------------------|--------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Harold | b. (Middle) B. | c. (Last) Nations | 4. DATE OF DEATH (Month) (Day) (Year) August 24, 1952 |
|-------------------------------------|--------------------------|-----------------------|--------------------------|--|

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|--------------------|-------------------------------|---|--|---|-----------------------------|----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH January 14, 1901 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed | 10b. KIND OF BUSINESS OR INDUSTRY Auto Supply | 11. BIRTHPLACE (State or foreign country) Morley, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Braxton Nations | 13b. MOTHER'S MAIDEN NAME Minnie Stanly Nations | 14. NAME OF HUSBAND OR WIFE Julia Nations |
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| 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. 488-20-3481 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Nations ADDRESS Cape Gir., Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack | | |
| | 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. | | | |

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| 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) Heart Attack | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Fraces Hospital | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Mo Cape Gir Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 24 52 7:45 P. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Heart Attack, falling in St. Francis Hospital |
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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 _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. B. Dickson (Degree or title) Coroner | 23b. ADDRESS 4, S. Pacific St Cape Girardeau Mo | 23c. DATE SIGNED Aug 25, 52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 27, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Old Morley City Cemt. | 24d. LOCATION (City, town, or county) (State) Morley, Missouri |
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| DATE REC'D BY LOCAL REG. 8-25-52 | REGISTRAR'S SIGNATURE C. C. Sumner | 25. FUNERAL DIRECTOR'S SIGNATURE Howard B. Hansen - Cape Gir. Mo | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1952

SEP 18 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John H. Howard

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau

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.