

FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23499

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

R.# 110957

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1609

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>SANGAMON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>14 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>114 MAGNOLIA DRIVE</b> <span style="float: right;">8120</span>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MERRITT</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>NANCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-9-53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>7-25-94</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROAD HAND</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>COWDEN, ILLINOIS</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROAD HAND</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROADING</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>IRVIN NYANCE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA ROBERTSON</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>327187526</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung, left lower lobe with widespread metastases</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>16.3 X</b>	
20. AUTOPSY? YES <input checked="" 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) (m.)	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 <b>5-26-53</b> , 19 <b>53</b> , to <b>6-9-53</b> , 19 <b>53</b> , and that death occurred at <b>3:12A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. A. ALLEN, M.D.</b>		23b. ADDRESS <b>VA HOSP. JEFF. BKS, MO.</b>	23c. DATE SIGNED <b>6-9-53</b>
24a. DATE OF REMOVAL (Specify) <b>6-10-53</b>	24b. DATE <b>6-10-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNKNOWN</b>	24d. LOCATION (City, town, or county) (State) <b>HERRICK, IL</b>
DATE REC'D BY LOCAL REG. <b>6-10-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombro</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD.</b>	

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

4000

---

---

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.....  
Signature of Student Embalmer

Signed *David Van Fossan*.....

Licensed Embalmer No. *438*

P. O. Address *6322 du B*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3