

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37921**

FILED NOV 6 - 1953
XC15559814
REG #114148
BIRTH NO. _____

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2704**

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY OR TOWN JEFFERSON BARRACKS c. LENGTH OF STAY (in this place) 5 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE MISSOURI b. COUNTY ST FRANCOIS c. CITY OR TOWN BISMARCK d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS NONE (If rural, give location) 0940 1									
3. NAME OF DECEASED a. (First) RAYMOND b. (Middle) E. c. (Last) NASH		4. DATE OF DEATH (Month) (Day) (Year) 10-13-53		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED		8. DATE OF BIRTH 6-21-26		9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN				11. BIRTHPLACE (City and State or Foreign Country) DELOGE, MO.				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME OMAR NASH				13b. MOTHER'S MAIDEN NAME MYRTLE HELMS				14. NAME OF HUSBAND OR WIFE ROWENA NASH					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 491263895		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.									
MEDICAL CERTIFICATION													
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 8 years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) VA			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 10-8-53, 19__, to 10-13-53, 19__, and that death occurred at 6:20 A m., from the causes and on the date stated above.													
23a. SIGNATURE R.A. ALLEN, MD						23b. ADDRESS VAH JEFFERSON BARRACKS, MO.			23c. DATE SIGNED 10-13-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY				24d. LOCATION (City, town, or county) (State) BISMARCK, MISSOURI					
25. DATE REC'D BY LOCAL REG. 10/20/53				REGISTRAR'S SIGNATURE <i>Herbert R. ...</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>... Bismarck, MO.</i>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John N. Shipman

Licensed Embalmer No. *48*

P. O. Address *Bisma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.