

No. 300  
10.48

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40094

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <b>St. Francois County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Desloge, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>4 Da.</b>		d. STREET ADDRESS (If rural, give location) <b>500 E. Chestnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Benjamin</b>	b. (Middle) <b>James</b>	c. (Last) <b>Nalle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> <b>WIDOWED</b> (Specify)	8. DATE OF BIRTH <b>March 4, 1875</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>7</b>	IF UNDER 2 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joe Lead Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Fredricktown, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>Newton Nalle</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Fox</b>	14. NAME OF HUSBAND OR WIFE (deceased) <b>Emma Smith Nalle</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-039399</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Allean Lockheart Desloge, Mo.</b>	ADDRESS <b>Desloge, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 d</b>
	ANTECEDENT CAUSES DUE TO (b) <b>arterio sclerosis</b>		
	DUE TO (c) <b>valvular heart disease</b>		
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>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-9-53, 1953, to 11-11, 1953, that I last saw the deceased alive on 11-11, 1953, and that death occurred at 9:00pm., from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. Gault M.D.</b> (Degree or title)	23b. ADDRESS <b>Desloge, Mo.</b>	23c. DATE SIGNED <b>11-23-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/13/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fredricktown, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV. 24, 1953</b>	REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. Boyer &amp; Son</b>	ADDRESS <b>Desloge, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 B. F. Boyer

Licensed Embalmer No. 3660

P. O. Address Lesloger, 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.