

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4184**

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Fulton Mo</b>	c. LENGTH OF STAY (in this place) <b>54.4M-90A</b>	c. CITY OR TOWN <b>Vinita Park</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp no</b>		e. STREET ADDRESS (If rural, give location) <b>4200</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b> b. (Middle) <b>Irene</b> c. (Last) <b>Nakomo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 15 1954</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>July 30 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>7</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R N</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>James W. William</b>	13b. MOTHER'S MAIDEN NAME <b>Harnett Mounts</b>	14. NAME OF HUSBAND OR WIFE <b>DIC</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>DIC</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edith Ward</b> ADDRESS <b>2330 Miller, Overland 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial hypertension</b> DUE TO (c) <b>Cerebral Arteriosclerosis</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>334 X</b>	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) (COUNTY) (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 **Oct**, 19**53**, to **Feb 15**, 19**54**, that I last saw the deceased alive on **Feb 15**, 19**54**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Hunter</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Fulton Mo</b>	23c. DATE SIGNED <b>Feb 18/1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>State Hosp. Cemetery Fulton, Mo</b>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Weeks</b> ADDRESS <b>Fulton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 18-1954</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**