

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30754

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4491

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.		STREET ADDRESS (If rural, give location) 809 Elmwood 2148	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) P. c. (Last) NYE		4. DATE OF DEATH (Month) (Day) (Year) 9-21-54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Feb 25 1886
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer Self		11. BIRTHPLACE (City and State or Foreign Country) Vernon Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Abe Nye		13b. MOTHER'S MAIDEN NAME William B. Hathaway	14. NAME OF HUSBAND OR WIFE Bertha Nye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Nye - 809 Elmwood
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old & Recent Encephalomyelitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		332X	
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 _____, 19____, that I last saw the deceased alive on _____, 19____, and death occurred at _____ from the causes and on the date stated above.			
23a. SIGNATURE H. Frank Holman (Degree or title)		23b. ADDRESS St. Joseph Hosp.	
23c. DATE SIGNED 9-21-54		23d. LOCATION (City, town, or county) (State) Canton, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/23/54	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Canton, Mo.	
DATE REC'D BY LOCAL REG. 9-22-54		REGISTRAR'S SIGNATURE Nevada Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McIlroy Galar - R.C. Mo.		ADDRESS	

(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.....

*Alvin Carter*

Licensed Embalmer No. *419*

P. O. Address *KC*

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.