

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15813

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4243</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN NECK CITY		c. LENGTH OF STAY (In this place) 24 YRS		c. CITY OR TOWN NECK CITY		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) RUDOLPH	b. (Middle) ANDRACE	c. (Last) NAST	4. DATE OF DEATH (Month) MAY (Day) 15 (Year) 1955			
5. SEX MALE <input checked="" type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPTEMBER 8, 1892			
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING		10b. KIND OF BUSINESS OR INDUSTRY MINER		11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI			
11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME JOHN R. NAST		13b. MOTHER'S MAIDEN NAME JESSIE L. VANCIL			
13a. FATHER'S NAME JOHN R. NAST		13b. MOTHER'S MAIDEN NAME JESSIE L. VANCIL		14. NAME OF HUSBAND OR WIFE LEEAEtta BERNICE NAST		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WORLD WAR I			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 487-01-3427		17. INFORMANT'S SIGNATURE OR NAME LEEAEtta NAST		ADDRESS NECK CITY, MO			
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) <u>Carcinoma of lung</u> <u>Squamous cell</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of hypopharynx</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo 3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>147 X</u>				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) 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 <u>4-6-55</u> , 19 <u> </u> , to <u>5-15-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-14-55</u> , 19 <u> </u> , and that death occurred at <u>2:15 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. Ferguson</u> M.D.				23b. ADDRESS <u>Webb City Mo.</u>		23c. DATE SIGNED <u>5/16/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>5-17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY WEAVER CEMETERY		24d. LOCATION (City, town, or county) (State) JASPER CO MO			
DATE RECD BY LOCAL REG. <u>5-17-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sutzger</u> 474		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO					

(Licensed Embalmers' Statement on Reverse Side)

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

County File Number
Date Filed
MAY 23 1955

MAY 25 1955

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 *Leonard Lewis*

Licensed Embalmer No. 452

P. O. Address *Wells*

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.