

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39728**

FILED DEC 28 1955

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PRIMARY REG. DIST. NO. 1000

Registrar's No. 1332

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 58 yrs		c. CITY OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 726 S. 17th Street					
3. NAME OF DECEASED (Type or Print) a. (First) Galusha			b. (Middle) William				
c. (Last) Nims			4. DATE OF DEATH (Month) (Day) (Year) December 13, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married			
8. DATE OF BIRTH February 8, 1885		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Drug Co.		11. BIRTHPLACE (City and State or Foreign Country) Cosby, Missouri.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ozias L. Nims		13b. MOTHER'S MAIDEN NAME Mary Rutenbur			
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ***** 535-20-1628			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Leila M. Castle		ADDRESS St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis 10 min 2 Prior Coronary Interventions Atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" 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) (Min.)		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 2/15, 1927 , to 12/13, 1955 , that I last saw the deceased alive on 12/13, 1955 , and that death occurred at 1:30P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Kathleen Benson M.D.		23b. ADDRESS 510 Cosby Blvd		23c. DATE SIGNED 12/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery			
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		DATE REC'D BY LOCAL REG. Dec 21, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison			
525. FUNERAL DIRECTOR'S SIGNATURE Michael J. Fleeman		ADDRESS St. Joseph, Mo					

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.....^{***} ^{****}.....
Signature of Student Embalmer

Signed *Raymond B. Morche*.....
Licensed Embalmer No. 4413

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.