

No. 300  
10-48

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40294

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 302 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Harrison County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany Mo</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>5414 Lane Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nola Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nola</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Nally</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 20-1926</u>		9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours <u>---</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of KC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sheridan Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Noble Aldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Lucile Freemire</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Nally</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-20-2354</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Nally</u> ADDRESS <u>Kansas City Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EPIDURAL HEMORRHAGE</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>SKULL FRACTURE</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 HRS</u>  <u>9 HRS.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Adams Township Harrison Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>December 28, 1955 11:40 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>	

22. I hereby certify that I attended the deceased from 12-28, 1955, to 12-28, 1955, that I last saw the deceased alive on 12-28, 1955, and that death occurred at 2:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert D. Dibble M.D.</u>		23b. ADDRESS <u>Bethany, Missouri</u>		23c. DATE SIGNED <u>1-4-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sheridan Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 5-56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> ADDRESS <u>Sheridan City Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

24th 5:10 PM  
1951

**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 \_\_\_\_\_

*John Andrews*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.