

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42452

State File No.

FILED JAN 6 1956

318

REG. DIST. NO. 1003

Registrar's No. 10941

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 47 yrs		c. CITY OR TOWN St. Louis		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 Homer G. Phillips Hospital					STREET ADDRESS (If rural, give location) 21 3106 Cass 22190						
3. NAME OF DECEASED (Type or Print) a. (First) Claude			b. (Middle)		c. (Last) Nance		4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 55				
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-2-1891		9. AGE (In years last birthday) 64			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yard man			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Andrew Nance			13b. MOTHER'S MAIDEN NAME Nettie Fabell			14. NAME OF HUSBAND OR WIFE Elizabeth Nance					
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. 494-09-8058		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Nance 4106 Cass Av.						
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, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Spondylitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 Undt.	
19a. DATE OF OPERATION 9-23-55			19b. MAJOR FINDINGS OF OPERATION Tuberculous Spondylitis			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. HOW DID INJURY OCCUR? 013.0					
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 8-17, 1955, to 12-10, 1955, that I last saw the deceased alive on 12-10, 1955, and that death occurred at 6:10 a.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Frank O. Richards M.D.					23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 12-12-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem		24b. DATE 12-16-55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo. 45 Mo.					
DATE REC'D BY LOCAL REG. DEC 13 1956			REGISTRAR'S SIGNATURE Pearl Smith mo			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manuel Lind Co 4059 Finney					

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 *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *43-75th*

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.