

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7846

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6215</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Rural care zp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Carthage</u>		d. Is 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 <u>U.S. Highway No. 71</u>				e. STREET ADDRESS (If rural, give location) <u>1429 Olive St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>			b. (Middle) <u>Morton</u>		c. (Last) <u>Nida</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-56</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-30-1907</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operating Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B. & G. Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Delta, Colo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Nida</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Morton</u>		14. NAME OF HUSBAND OR WIFE <u>Neva Nida</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-10-0445</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Neva Nida, Carthage, Mo.</u> ADDRESS _____			
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>Crushed head, "severe" shock.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>overturning of truck</u> DUE TO (c) <u>driving on Highway no. 71</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No. Inquest. Killed instantly. Possible internal injuries.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		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) <u>2-27-56 10:52 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21d. TIME OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR? <u>Moving heavy equipment</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I had saw the deceased alive on _____, 19____, and that death occurred at <u>10:52 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter D. Thurman Croner</u>			23b. ADDRESS <u>Nevada, Missouri</u>			23c. DATE SIGNED <u>2-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-9-1956</u>		REGISTRAR'S SIGNATURE <u>Ormal E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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48

X 300

MAR 1 1956

MAY 18 1956

JUN 5 1957

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 *William A. Fulkes*

Licensed Embalmer No. *46*

P. O. Address *Carters*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.