

FILED JUN 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15863

State File No.

BIRTH NO.		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>4133</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>Gower</u>		c. LENGTH OF STAY (In this place) <u>42 yrs.</u>		c. CITY OR TOWN <u>Gower</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				e. STREET ADDRESS (If rural, give location) <u>0250</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Nash</u> c. (Last) <u>Nash</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov/4/1857</u>	
9. AGE (In years last birthday) <u>98</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 12 HRS. 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>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>D.F. Pierce</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Elizabeth Fonts</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lon Nash</u> ADDRESS <u>Gower, Mo.</u>			
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) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left Hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>6 wks</u> <u>10 yrs</u> <u>4 mos</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331XF</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)		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>Feb 8, 1956</u> , to <u>May 18, 1956</u> , that I last saw the deceased alive on <u>May 18, 1956</u> , and that death occurred at <u>5:18 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter E. Cradock, D.O.</u> (Degree or title)				23b. ADDRESS <u>Gower, Mo.</u>		23c. DATE SIGNED <u>5/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/20/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gower, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 22-1958</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pollins-Nash</u> ADDRESS <u>Egerton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *V. Leroy Moore*

Licensed Embalmer No. *47*

P. O. Address *K.C. Mo*

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.