

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4347 State File No. 31472

FILED OCT 8 1956

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BIRTH NO. _____		REG. DIST. NO. <u>232</u>		PRIMARY REG. DIST. NO. <u>231</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>O(Fallon)</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no street address</u>				f. STREET ADDRESS (If rural, give location) <u>R. R. 1</u> 4128			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernon</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Nye</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 1956</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>Apr. 30 1934</u>	
9. AGE (in years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk, Lee County, Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk, Lee County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Fred Nye</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Spellman</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Katherine Nye</u>	
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>493-34-1551</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Katherine Nye Fallon Ill.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Accident</u> ANTECEDENT CAUSES DUE TO (b) <u>one to fractured Skull & broken neck</u> DUE TO (c) <u>& internal injuries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Auto</u>		21b. PLACE OF INJURY (e.g., Back about 100 feet from street, office building, etc.) <u>Middletown Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Middletown Montg. Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 2 1956 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. E. Robertson Coroner</u>				23b. ADDRESS <u>Montgomery City</u>		23c. DATE SIGNED <u>10-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/4/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 2 - 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Joe Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H. B. Keller Shelbyville Mo</u>			

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. B. Wells*.....

Licensed Embalmer No. *178*.....

P. O. Address *Hellville*.....

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.