

Health, Welfare, Public Service

3000-1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1957

STATE FILE NUMBER **40727**
Registration District No. **43** Primary Registration District No. **3007** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Neelyville 012		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. s Hosp.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1 mile orth		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Richard Middle Cornelius Last Nash				4. DATE OF DEATH Month Dec. Day 26 Year 1956					
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/2/1898		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Newport, Ark.		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME Jim Davis				14. MOTHER'S MAIDEN NAME Ellen Kelley					
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.		17. INFORMANT Tommie Nash Address Neelyville, Mo. Rt.				
18. CAUSE OF DEATH [Enter only one cause per line from (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema								INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Uremia		DUE TO (c) Chronic Interstitial Nephritis		3 wks			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arterio-Sclerotic Cardiovascular Disease 592 x								19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from Oct 31, 1956 to 12-26-56 and last saw ^{her} him alive on 12-26-56 Death occurred at 11:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Fred Biggs, MD				22b. ADDRESS Poplar Bluff, Mo.				22c. DATE SIGNED 12-29-56	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE Dec. 29, 1956		23c. NAME OF CEMETERY OR CREMATORY Neelyville		23d. LOCATION (City, town, or county) (State) Butler Co. Mo.			
24. FUNERAL DIRECTOR McCord-Gish, WAYTOR MO				25. DATE RECD. BY LOCAL REG. 1/4/57		26. REGISTRAR'S SIGNATURE P. H. M... ..			

39-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 7 - 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

ST
JAN 7 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 *Bryan McCord*
Licensed Embalmer No. *40*

P. O. Address *Naylor*

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.