

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41645

STATE FILE NUMBER 5697

FILED JAN 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3943 Denver		Length of stay in hospital 32 YRS.	d. STREET ADDRESS 3943 Denver		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) PRESSLEY U. NANCE			4. DATE OF DEATH Dec. 29, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. - Merchant		10b. KIND OF BUSINESS OR INDUSTRY Self Emp/	11. BIRTHPLACE (City and state or country) Wickliffe, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William Nance			14. MOTHER'S MAIDEN NAME Dolly Knight		
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. 486-07-5001	17. INFORMANT Mrs. Alma Nance - 3943 Denver		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency secondary to chronic COA subacute, secondary to Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic diffuse bronchiectasis and Myocardial fibrosis, secondary to DUE TO (c) Myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus and very large Right Ovarian Inguinal hernia					INTERVAL BETWEEN ONSET AND DEATH 5 years many years 5 years
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 Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from _____, to 29 Dec. 1956 and last saw ^{her} him alive on 29 Dec 1956 Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. D.			22b. ADDRESS 1092 Professional Bldg. - K. C., Mo		22c. DATE SIGNED 12-30-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-31-56	23c. NAME OF CEMETERY OR CREMATORY Humansville Cem.		23d. LOCATION (City, town, or county) (State) Humansville, Mo.
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		ADDRESS K. C., Mo.		25. DATE RECD. BY LOCAL REG. 12-31-56	26. REGISTRAR'S SIGNATURE Nevar Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
B. A. Lieberman Jr.

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-56

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

D. A. B. [unclear]

1-17

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 *J. W. Wair*.....

Licensed Embalmer No. *46*

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.