FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3555
STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6268 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Webster
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Niangua — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JORD Middle E. Last NEASE
4. DATE OF DEATH Month 1 Day 19 Year 57
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH 8/21/1901
9. AGE (In years last birthday) 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.
11. BIRTHPLACE (City and state or country) Keysville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Hiram H. Nease
14. MOTHER'S MAIDEN NAME Mary Letterman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-03-6758
17. INFORMANT Daughter Address Lucille Turnbo 1554 California Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BASIL SKULL FRACTURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) DUE ONE CAR ACCIDENT
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 112
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ONE CAR ACCIDENT
20c. TIME OF INJURY Hour 9 00 a.m. p.m. Month, Day, Year 1-19-1957
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION 10 MI NE MARSHFIELD COUNTY WEBSTER STATE MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 900 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oral Edwards (Degree or title) Coroner 3
22b. ADDRESS Marshfield Mo
22c. DATE SIGNED 1/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/23/57
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette Ave.
25. DATE RECD. BY LOCAL REG. 1-25-57
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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

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FEB 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed R W Borb

Licensed Embalmer No. 3

P. O. Address Mtn Grove

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.