

FILED JAN 6 1958

Registration District No. 128 Primary Registration District No. 2226 Registrar's No. 1247

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>St. John's Hosp.</b>		Length of stay in lb <b>61 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1660 E. Delmar</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FARRIS</b> Middle <b>NAHON</b> Last <b>NAHON</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>30</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 1881</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>39</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wholesale Dry Goods</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Bokesmya Lebanon</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Farris Nahon</b>		13b. MOTHER'S MAIDEN NAME <b>Tella Farhett</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Nahon</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT Address <b>Mrs. Grace Nahon Springfield, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Mesenteric Thromboses</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
DUE TO (b) <b>Mural Thrombus in Aneurysm of Thoracic Aorta - ?</b>					
DUE TO (c) <b>? Precipitated by injury to posterior thorax - 8 days.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized arteriosclerosis</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Rt. fell while riding train &amp; hit back &amp; post. thorax</b>			
20c. TIME OF INJURY Hour <b>12</b> a.m. Month, Day, Year <b>12-22-57</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On train near St. Louis</b>		20f. CITY, TOWN, OR LOCATION <b>all County Mo.</b>	
21. I attended the deceased from <b>12-27-57</b> to <b>12-30-57</b> and last saw <sup>her</sup> alive on <b>12-30-57</b> Death occurred at <b>9 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Harold H. Lurie, M.D.</b>			22b. ADDRESS <b>609 Cherry Springfield, Mo.</b>		22c. DATE SIGNED <b>12-31-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/2/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>H.H. Lohmeyer Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-57</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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. M. Carr* .....

Licensed Embalmer No. *2727* .....

P. O. Address *Springfield* .....

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.