

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014363

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1621

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Velma N/H. K.C. Mo</b>		Length of stay in lb <b>65 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>7123 Montgall</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>ALFRED</b> Last <b>NASH</b>			4. DATE OF DEATH Month <b>3</b> Day <b>28</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 13 1880</b>	9. AGE (In years) <b>77</b> MONTHS <b>77</b> DAYS <b>77</b>	IF UNDER 1 YEAR Months <b>77</b> Days <b>77</b>	IF UNDER 24 HRS. Hours <b>77</b> Min. <b>77</b>
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10a. USUAL OCCUPATION (Give kind of work done during rest of working life, if retired) <b>Ret. Cement Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>David Nash</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>_____</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <b>No</b> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>John W. Nash 6713 Harris Rd. Raytown, Mo</b> Address
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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>H. C. V. D. - RECENT</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>C. V. A.</b>		
DUE TO (c) _____		<b>443x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>KANSAS CITY</b>	COUNTY <b>JACKSON</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from <b>3-9-58</b> to <b>3-28-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>3-26-58</b> Death occurred at <b>602</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>A. C. Quistgard MD</b> (Degree or title)	22b. ADDRESS <b>628c Forest Ave</b>	22c. DATE SIGNED <b>3-28-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-31-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR <b>FLORAL HILLS MEMORIAL CHAPELS, INC K.C. MO</b>	25. DATE RECD. BY LOCAL REG. <b>3-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Nevar Minshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. C. Quistgard

MEDICAL CERTIFICATION

*Ebl P  
1938  
J. C. Mc*

*Bemis & Ray*

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. C. Mc*

Licensed Embalmer No. *3938*

P. O. Address *J. C. Mc*

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.