

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017327
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED MAY 19 1958 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 16

300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Centralia</u> 0100 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>204 E. Sneed ST</u> Length of stay in lb <u>years</u>		d. STREET ADDRESS (If outside, give location) <u>204 E. Sneed ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>James</u> First <u>Callie</u> Middle <u>Nevine</u> Last		4. DATE OF DEATH <u>May 14 1958</u> Month <u>May</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 25 1889</u>
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer - Trucking</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Trucking</u>		11. BIRTH PLACE (City and state or country) <u>Monroe County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Richard B. Nevins</u>	
14. MOTHER'S MAIDEN NAME <u>Mary E. Riley</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	
16. SOCIAL SECURITY NO. <u>488-38-0015</u>		17. INFORMANT <u>MRS. Maud Nevins, Centralia, Mo.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>5 years</u>
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.)		20c. TIME OF INJURY Hour <u>1:15</u> Month, Day, Year <u>July 2, 1947</u>	
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.)	
20f. CITY, TOWN, OR LOCATION <u>Centralia, Missouri</u>		21. I attended the deceased from <u>July 2, 1947</u> to <u>April 20, 1958</u> and last saw ^{her} him alive on <u>April 20, 1958</u> Death occurred at <u>1:15 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Leopold Lachance, M.D.</u>		22b. ADDRESS <u>Centralia, Missouri</u>	
22c. DATE SIGNED <u>May 14, 1958</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>May 16 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Centralia, Missouri</u>		23e. (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Paul P. Ballou, Centralia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 15 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Maud M. McBride</u>			

(Licensed Embalmer's Statement on Reverse Side)

856: F I 70P

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 *Paul J. Gallen*

Licensed Embalmer No. *42*

P. O. Address *Centerville*

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.