

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023052
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 243

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre -Rural			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Perry Twp.			Length of stay in 1b Lifetime		STREET ADDRESS Rt. 1		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) GOLDIA LILLIE NASH				4. DATE OF DEATH June 21, 1958		Month Day Year	
5. SEX Female	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 Oct. 13, 1909		9. AGE (In years 1st birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wiley Griffin		13b. MOTHER'S MAIDEN NAME Maude Layer		14. NAME OF HUSBAND OR WIFE Henry Franklin Nash			
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. None	17. INFORMANT Address Henry F. Nash (Husband)				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adenocarcinoma of						INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) uterine endometrium	DUE TO (c) (with extensive metastases)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 172X						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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		COUNTY	STATE
21. I attended the deceased from April 20, 1958 to June 15, 1958 and last saw her alive on May 14, 1958 Death occurred at 7:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. J. Haw, Jr., M.D.				22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 6-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-24-1958	23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery		23d. LOCATION (City, town, or county) Rt. 1 Bonne Terre, Mo.		
24. FUNERAL DIRECTOR BOYER & SON Bonne Terre, Mo.				25. DATE RECD. BY LOCAL REG. June 23, 1958		26. REGISTRAR'S SIGNATURE Ether Rudloff	

1958 JUL 3

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 *B. T. Boyer*

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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.