

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033144

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

396

300
1-57

Vertical

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE 7005	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Hosp.		d. STREET ADDRESS (If outside, give location) 512 No. LIBERTY	
3. NAME OF DECEASED (Type or print) First DANIEL Middle THOMAS Last NANCE		4. DATE OF DEATH Month Sept, Day 21, Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 13, 1888
10. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) SALES MAN		11. BIRTHPLACE (City and state or country) RUSSELLVILLE, Mo	9. AGE (In years, last birthday) 78 6 8
13a. FATHER'S NAME ISAAC L. NANCE		13b. MOTHER'S MAIDEN NAME ELIZABETH ENLOE	
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. 488-22-4249	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		17. INFORMANT Address Gilbert Nance 1948 E. 71 Terrace	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis and Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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 WORK <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 COUNTY STATE	
21. I attended the deceased from 9-19-58, to 9-21-58 and last saw her alive on 9-21-58 Death occurred at 4:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. L. Abel MD		22b. ADDRESS 1210 Ash Independence Mo	
22c. DATE SIGNED 9-22-58			
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Emlor Cem.	
23b. DATE 9-23-58		23d. LOCATION (City, town, or country) (State) Russellville, Mo	
24. FUNERAL DIRECTOR Soland Speake Indep. Mo		25. DATE RECD. BY LOCAL REG. 9-23-58	
		26. REGISTRAR'S SIGNATURE James Gray	

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 *Roland P. Jenkins*

Licensed Embalmer No. *3604*
P. O. Address *July, 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.