Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004500
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 704 West Rollins — Length of stay in 1b: 15 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia 0105 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 704 West Rollins — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HILLARD Middle: CLEMENT Last: NANSON

4. DATE OF DEATH Month Day Year: February 28, 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 25, 1874

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Clement Nanson

13b. MOTHER'S MAIDEN NAME: Sally Busky

14. NAME OF HUSBAND OR WIFE: Mary Alice Clayton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 402-09-6558

17. INFORMANT Address: Mrs. H.C. Nanson, Columbia, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 ? PRIMARY PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BRONCHOPNEUMONIA DIABETES MELLITUS 157X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 December 1958, to 28 Feb 1959 and last saw her/him alive on 28 Feb 1959
Death occurred at 7 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A Leech MD 0

22b. ADDRESS: Columbia, Mo

22c. DATE SIGNED: 2 March 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 2, 1959

23c. NAME OF CEMETERY OR CREMATORY: Columbia Cemetery

23d. LOCATION (City, town, or county) (State): Columbia, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.: Mar 2 1959

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4897

P. O. Address Columbia 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.