

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005298  
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 133 Primary Registration District No. \_\_\_\_\_ Registrar's No. 16

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clay</u>		c. CITY (If outside, give location) OR TOWN <u>R. F. D. Blythedale</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>own home 9 mi. NE Blythedale,</u>		d. STREET (If outside, give location) ADDRESS <u>9 miles North-East of Blythedale</u>	

3. NAME OF DECEASED (Type or print) <u>Enos Clifton Nally</u>			4. DATE OF DEATH Month <u>February</u> Day <u>10</u> Year <u>1959</u>		
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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>December 18 1882</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer live stock and grain</u>	11. BIRTHPLACE (City and state or country) <u>Cainsville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Harvy Nally</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotto Pickins</u>	14. NAME OF HUSBAND OR WIFE <u>Pansy L. Nally</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-40-8515</u>	17. INFORMANT <u>Pansy L. Nally</u>	Address <u>Blythedale, Mo.</u>
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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) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>History of heart ailment</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</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.)
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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 <u>Bethany, Missouri</u>	COUNTY <u>Illinois</u>	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>Probably 8:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Armed L. Hoover, D.D.</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Bethany, Missouri</u>	22c. DATE SIGNED <u>2-11-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb. 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Decatur, Illinois</u>
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24. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Cainsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-11-1959</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayes</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

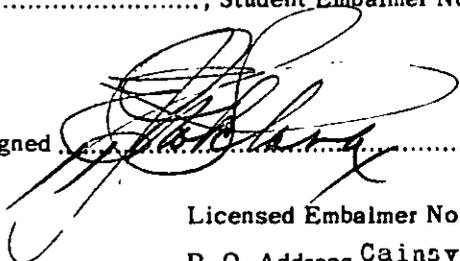
All diseases in Part I must be causally related.

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**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, *of/by* Eddie J. Stoklasa....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. .... 3602.....

P. O. Address Cainsville, 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.