THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005765

STATE FILE NUMBER 549

FILED MAR 11 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Missouri — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MENORAH MEDICAL CENTER — Length of stay in 1b: —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7831 Donnelly — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MARVIN Middle: E. Last: NANCE

4. DATE OF DEATH: Month FEBRUARY Day 19 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-30-16

9. AGE (In years last birthday): 42 yrs. — 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): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Richmond, Mo.

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

13a. FATHER'S NAME: Joseph W. Nance

13b. MOTHER'S MAIDEN NAME: Temple Duvall

14. NAME OF HUSBAND OR WIFE: Angeline

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

16. SOCIAL SECURITY NO.: 495-05-9998

17. INFORMANT: Mrs. Marvin Nance, 7831 Donnelly — Address

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): Massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 2-16-59, to 2-19-59 and last saw ~~her~~ him alive on 2-18-59
Death occurred at 12:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond J. Caffey MD

22b. ADDRESS: Grandview, MO

22c. DATE SIGNED: 2-19-59

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

23b. DATE: 2-19-59

23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cem.

23d. LOCATION (City, town, or county) (State): Richmond, Mo.

24. FUNERAL DIRECTOR: Carter Funeral Home — ADDRESS: Richmond, Mo.

25. DATE RECD. BY LOCAL REG.: 2-19-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

Raymond J. Caffey

PLEASE USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Thomas J Carter

Licensed Embalmer No. 4474

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
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.