

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017873

STATE FILE NUMBER

2406

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2406

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 22nd Prospect		Length of stay in lb 27 yrs	d. STREET ADDRESS (If outside, give location) 2125 Prospect		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Williams Nance			4. DATE OF DEATH Month Day Year 5 9/59		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1898	9. AGE (In years last birthday) 60	10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Jerry Nance		13b. MOTHER'S MAIDEN NAME Jane Cook		14. NAME OF HUSBAND OR WIFE Narciss Nance	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-12-5687	17. INFORMANT Address Clarence Nance 2323 Benton		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) Traumatic Intracranial Hemorrhage & DUE TO (c) Multiple Skeletal Fractures. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Hit & Run Traffic Death.			
20c. TIME OF INJURY Hour Month, Day, Year 10:30 p.m. 5/9/1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22nd Prospect			
20e. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, Mo		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Dr		22c. DATE SIGNED 5/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buel		23b. DATE 5/16/59	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR ADDRESS Manlove Williams 1729 Lydia			25. DATE RECD. BY LOCAL REG. 5-14-59	26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

L. M. Tillman

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 *L. J. Maxlowe*

Licensed Embalmer No. *3994*
P. O. Address *1709 Lydia*

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.