

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018138  
STATE FILE NUMBER

LEU JUN 10 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 283

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mayflower Apartment</b>		Length of stay in 1b <b>Lifetime</b>		d. STREET ADDRESS (If outside, give location) <b>Mayflower Apartment</b>	
3. NAME OF DECEASED (Type or print) First <b>Galen</b> Middle <b>W.</b> Last <b>NASH</b>			4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 12, 1901</b>	9. AGE (In years last birthday) <b>58</b>	10. FUNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Eagle Picher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Joplin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Harvey W. Nash</b>		13b. MOTHER'S MAIDEN NAME <b>Stella M. Lane</b>		14. NAME OF HUSBAND OR WIFE <b>Jane Spratt Nash</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-01-1252</b>	17. INFORMANT <b>Don Nash</b> Address <b>Joplin, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound head fatal (self inflicted)</b> INTERVAL BETWEEN ONSET AND DEATH <b>Instantaneous</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Shot muzzle of 30 cal foreign made automatic to head pulled the trigger - death occurred approx 5-24-59</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Joplin</b>		20g. COUNTY <b>Joplin</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>did not attend</b> 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 <b>Wendell M. Brown</b> (Degree or title)			22b. ADDRESS <b>Med Arts Bldg Joplin</b>		22c. DATE SIGNED <b>5-29-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 28, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial</b>		23d. LOCATION (City, town, or country) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR <b>Thornhill-Dillon</b> ADDRESS <b>Joplin, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-4-1959</b>		26. REGISTRAR'S SIGNATURE <b>Dora Merriam</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Local, coroner, etc. must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be causally related.

JUN 10 1959

### 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 *Robert C. Roller* .....

Licensed Embalmer No. *5062* .....

P. O. Address *Joplin, 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.