

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033328**

**FILED VS OCT 6 1959**

**278**

**3054**

**119**

STATE FILE NUMBER

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Pike</b>	a. STATE <b>Mo</b>	b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>LOUISIANA</b>	c. CITY OR TOWN <b>LOUISIANA</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>	d. STREET ADDRESS <b>614 South 3rd</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last <b>John Lee NASH</b>	Month Day Year <b>Sept. 25, 1959</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/13/1870</b>	9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>(Retired)</b>	11. BIRTHPLACE (City and state or country) <b>Silversmith, Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John Nash</b>	13b. MOTHER'S MAIDEN NAME <b>MARY (?)</b>	14. NAME OF HUSBAND OR WIFE <b>EVA</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>490-12-7502</b>	17. INFORMANT <b>Mrs. John Nash, 644 S. 3rd St, Louisiana, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cardiac decompensation with pulmonary congestion</b>		<b>2 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic hypertensive cardio-vascular disease with cardiac hypertrophy</b>	<b>5 yrs +</b>
	DUE TO (c) <b>Pyelo-nephritis</b>	<b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <b>--</b>
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20c. TIME OF INJURY Hour a.m. p.m. <b>--</b>	Month, Day, Year <b>--</b>
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>--</b>	COUNTY <b>--</b>	STATE <b>--</b>
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21. I attended the deceased from **5/15/58** to **Sept. 25-59** and last saw him alive on **9/25/59**  
Death occurred at **3:30 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Chas H Twillen M.D.</b>	22b. ADDRESS <b>Louisiana, Missouri</b>	22c. DATE SIGNED <b>9-26-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/28/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cem. Louisiana, Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>Louisiana, Mo.</b>
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24. FUNERAL DIRECTOR <b>George O. Nagyn, Louisiana, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 28, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 6 1959 9 130 SA

**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 George O. Haynes

Licensed Embalmer No. 3773

P. O. Address Louisiana

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.