

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042970

STATE FILE NUMBER

FILED VS. NOV 16 1959

319

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 63

ENDED

1. PLACE OF DEATH a. COUNTY <u>St. BENEDICT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. BENEDICT</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saling</u>		Length of stay in 1b <u>82 Yrs</u>		c. CITY OR TOWN <u>SALING</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clearwater, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Clearwater, Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY ELLEN NATIONS</u>				4. DATE OF DEATH Month Day Year <u>Nov 8 1959</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 4 1877</u>		9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Avon Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Patrick Kernan</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Bloom</u>				14. NAME OF HUSBAND OR WIFE <u>John H. Nations</u>					
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. <u>J</u>		17. INFORMANT Address <u>J.C. Nations, Clearwater Mo</u>							
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>Cerebral Hemorrhage</u>										INTERVAL BETWEEN ONSET AND DEATH <u>11/9/59</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Atherosclerosis</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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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		COUNTY		STATE					
21. I attended the deceased from <u>Jan. 6, 1959</u> to <u>Nov. 8, 1959</u> and last saw her <u>live</u> on <u>Nov. 7, 1959</u> Death occurred at <u>12:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Dr. Lanning M.D.</u>						22b. ADDRESS <u>St. Germain Mo</u>			22c. DATE SIGNED <u>11/9/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
<u>BURIAL</u>		<u>11/10/59</u>		<u>HANEY</u>		<u>Clearwater Mo</u>							
24. FUNERAL DIRECTOR <u>James S. ...</u>				25. DATE RECD. BY LOCAL REG. <u>11/10/59</u>		26. REGISTRAR'S SIGNATURE <u>Louise O. Baker</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

688, 0 1111 21

NOV 18 1958

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 James D. Deaulo

Licensed Embalmer No. 3817

P. O. Address St. Eusebio

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.