

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 4 1960

60-001778

458 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>75 hours</u>		c. CITY OR TOWN <u>Holden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Holden Missouri</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Robert</u> Last <u>Nay</u>				4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>60</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/3/1909</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Earth moving</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>trenching</u>		11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Minter T. Nay</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy L. Nay</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u>			16. SOCIAL SECURITY NO. <u>496-16-9059</u>		17. INFORMANT <u>Dorothy L. Nay, Holden, Mo.</u> Address		
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) <u>Acute bronchopneumonia, severe, bilateral</u>							
DUE TO (b) <u>Fracture of skull, left temporal + parietal</u>							
DUE TO (c) <u>Diffuse subarachnoid hemorrhage + acute encephalomalacia</u>							
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 checked="" type="checkbox"/>	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.) <u>Struck on head by tail of</u>					
20c. TIME OF INJURY Hour <u>1</u> a.m. <u>2060</u> Month, Day, Year <u>1-20-60</u>	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.) <u>Residence</u>		20f. CITY, TOWN, OR LOCATION <u>Holden Johnson</u>		COUNTY <u>MO</u>	STATE <u>MO</u>
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 (Degree or title) <u>Hugh H Owens</u>				22b. ADDRESS <u>1134 Pratto Bldg</u>		22c. DATE SIGNED <u>1-23-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1/23/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		23d. LOCATION (City, town, or county) <u>Holden, Missouri</u>		23e. STATE <u>(State)</u>	
24. FUNERAL DIRECTOR <u>Canaday & Ropp, Holden, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-26-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minslett</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Hugh H Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed *M. J. Canaday*

Licensed Embalmer No. 3439

P. O. Address Holden

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