URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 8 1960

-60-047215

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 493

ENDED

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Length of stay in 1b 3 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St.Francois
c. CITY OR TOWN Bismarck — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) general delivery — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First ALMINA Middle KATHERINE Last NASH

4. DATE OF DEATH Month Dec. Day 17 Year 1960

5. SEX fem
6. COLOR OR RACE white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-23-84
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Iron County Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Crocker
13b. MOTHER'S MAIDEN NAME Marinda Thompson
14. NAME OF HUSBAND OR WIFE Fermin Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Lester Graves, Lesterville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~[illegible]~~ Hypertension
~~DUE TO (c)~~ Diabetes Mellitus — 2 wk +

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12-5-60, to 12-17-60 and last saw her/him alive on 12-17-60
Death occurred at 7.50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Carleton, M.D.
22b. ADDRESS Farmington, MO
22c. DATE SIGNED 12-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12-20-60
23c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery
23d. LOCATION (City, town, or county) (State) Lesterville Mo.

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. Ancel J. White
25. DATE RECD. BY LOCAL REG. Dec. 19, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ancel J. White

Signature of Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Trenton Mo.

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