

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024397

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED JUL 28 1961

Primary Registration District No. 4089 Registrar's No. 12

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CARTER</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>CARTER</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>GRANDIN</b>   |  | Length of stay in lb<br><b>Life</b>   | c. CITY OR TOWN <b>GRANDIN</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>Gen. Del.</b>                            |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>William</b> Middle <b>Edward</b> Last <b>NANCE</b>  |  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>9</b> Year <b>1961</b>  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-28-82</b>  | 9. AGE (last birthday)<br><b>79</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Iron County, Mo.</b>                        |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>Bill Nance</b>   |  |  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 13c. NAME OF HUSBAND OR WIFE  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br><b>Mannel Nance Doniphan Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hour</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Generalized arteriosclerosis</b>  |  |   |  |  | <b>10 year</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)   |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.) |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year   |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" 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 <b>June 1955</b> to <b>July 9, 1961</b> and last saw <sup>her</sup> him alive on <b>July 3, 1961</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE<br><b>Frank Johnson M.D.</b>   |  |   | 22b. ADDRESS<br><b>Doniphan Mo</b>   |  | 22c. DATE SIGNED<br><b>7/13/61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>July 12, 1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Grandin Cemetery</b>   |  | 23d. LOCATION (City, town, or county)<br><b>Grandin, Missouri</b>                            |  |
| 24. FUNERAL DIRECTOR<br><b>Edwards Funeral Home Doniphan, Mo.</b>   |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><b>July 21-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Mrs Oeta Fleason</b>   |

**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 *Gene F. Parent*

Licensed Embalmer No. 4809

P. O. Address Wayton, 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.