

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038029  
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 134

AMENDED

FILED NOV 14 1961

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pike</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Louisiana</b>   |   | Length of stay in 1b<br><b>13 Days</b>  | c. CITY OR TOWN <b>Louisiana</b><br>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>Pike County Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>314 North Third</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>James</b> Middle <b>William</b> Last <b>Nalley</b>   |   |   | 4. DATE OF DEATH<br>Month <b>Nov</b> Day <b>8</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>10/12/1877</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Commission Man</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>National Stock Yards</b>  | 9. AGE (last birthday)<br><b>84</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HR: Hours _____ Min. _____  |
| 11. BIRTHPLACE (City and state or country)<br><b>Pike County MO.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Thomas J. Nalley</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Duffie Bryson</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Blanche G Nalley</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT<br>Address<br><b>Col DeWitt N Hall St Louis 22, 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>Myocardial Failure</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 Year</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial Decompensation</b>  |   |   | <b>1 Year</b>  |
| DUE TO (c) <b>Urinary Infection</b>   |   |   | <b>1 Month</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <b>Oct 21 1961</b> to <b>Nov 8 1961</b> and last saw her/him alive on <b>Nov 8 1961</b><br>Death occurred at <b>6:50 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>E. K. Bilyea</i><br><b>D.O. Public</b>   |   | 22b. ADDRESS<br><b>Louisiana, Missouri</b>  | 22c. DATE SIGNED<br><b>11/9/1961</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>11/11/1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>GreenWood Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Clarkeville, Missouri</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Sterne Funeral Home, Louisiana, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Nov 13 1961</b>  | 25. REGISTRAR'S SIGNATURE<br><i>Bernice Collier</i>  |

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

OCT 25 1962

**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

*J. B. Starnes*

Licensed Embalmer No. 4039

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.