

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043421

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 50

STATE FILE NUMBER

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mtn. Grove</u>		c. CITY OR TOWN <u>Mtn. Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>411 Maple</u>		d. STREET ADDRESS (If outside, give location) <u>411 Maple</u>	

3. NAME OF DECEASED (Type or print) First <u>NOVA</u> Middle <u>MARION</u> Last <u>NASH</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>10</u> Year <u>1961</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>11-12-95</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRANSPORT BUSINESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GASOLINE</u>		11. BIRTHPLACE (City and state or country) <u>DORA, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry M. Nash</u>		13b. MOTHER'S MAIDEN NAME <u>Dicy C. Sweeton</u>	
14. NAME OF HUSBAND OR WIFE <u>Odessa M. Nash</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>			

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>Sarcoma General</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24-48 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. <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 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. _____	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>Oct. 29-1961</u> to <u>Nov 10-1961</u> and last saw <u>him</u> alive on <u>Nov 9-1961</u> Death occurred at <u>3:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>R. A. Plummer M.D.</u>		22b. ADDRESS <u>Mtn. Grove Mo.</u>		22c. DATE SIGNED <u>11-12-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-12-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Mtn. Grove, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>11-12-1961</u>		23f. REGISTRAR'S SIGNATURE <u>Bernard L. Silverman</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Leard C. Craig Mtn. Grove</u>					

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HOW NO. SHOULD READ

1961 08 AON

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 Lowell C. Croning

Licensed Embalmer No. 4766

P. O. Address W. H. Grov

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.