

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022219

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. _____

FILED JUL 10 1962												
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Camden</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Russell Township Length of stay in 1b 24 hours</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U Route, Backs Creek Big Niangua River Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Kansas b. COUNTY Sedwick</p> <p>c. CITY OR TOWN Wichita Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS 1103 West 34th North (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>											
<p>3. NAME OF DECEASED First Middle Last Michael Allen Nations</p>												
<p>4. DATE OF DEATH Month Day Year July 3, 1962</p>												
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Nov. 29, 1948</p>	<p>9. AGE (last birthday) 13</p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>	<p>IF UNDER 24 HR Months Days Hours Min.</p>						
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) Wichita, Kansas</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>						
<p>13a. FATHER'S NAME Glen Nations</p>			<p>13b. MOTHER'S MAIDEN NAME Velva Dean Heard</p>			<p>14. NAME OF HUSBAND OR WIFE no</p>						
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>			<p>16. SOCIAL SECURITY NO. no</p>			<p>17. INFORMANT Glen Nations Address 1103 West 34th North Wichita, Kansas</p>						
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) ACCIDENTAL DROWNING</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).</p>							<p>INTERVAL BETWEEN ONSET AND DEATH 35 MINUTES</p>					
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>							<p>20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) while swimming</p>		
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>			<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>			<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>			
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>												
<p>22a. SIGNATURE (Degree or title) A.B. Holley M.D. (Camden County Coroner)</p>						<p>22b. ADDRESS Camdenton, Missouri</p>			<p>22c. DATE SIGNED 7/4/62</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) burial</p>			<p>23b. DATE July 5, 1962</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) Camden County, Missouri</p>					
<p>24. FUNERAL DIRECTOR ADDRESS Walter Hedges Camdenton, Missouri</p>					<p>25. DATE RECD. BY LOCAL REG. 7-7-1962</p>		<p>26. REGISTRAR'S SIGNATURE Alda Eldred</p>					

About Coroner
 VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

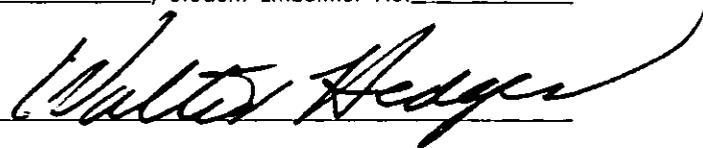
USE BLACK INK OR TYPEWRITER RIBBON

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



Licensed Embalmer No. 4265

P. O. Address Candenton, Missouri

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.