

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029643

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 38

FILED JUL 30 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY STE GENEVIEVE		a. STATE MISSOURI b. COUNTY STE GENEVIEVE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALINE		Length of stay in 1b		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NEAR FARMINGTON MO	
3. NAME OF DECEASED (Type or print) JOHN HENRY NATIONS		4. DATE OF DEATH JULY 20 1962			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH DEC 23 1874		9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of work life) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) STE GENEVIEVE COUNTY U S A	
13a. FATHER'S NAME JAMES W NATIONS		13b. MOTHER'S MAIDEN NAME CAROLINE HART		14. NAME OF HUSBAND OR WIFE MARY NATIONS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address JAMES C NATIONS CLEARWATER MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Ventricular Fibrillation				3-4 mos	
DUE TO (b) myocardial Ischemia				3-4 mos	
DUE TO (c) Senescent debilitation				2-3 yrs	
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. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 <u>Jan 57</u> to <u>July 20 62</u> and last saw ^{them} him alive on <u>Jan 62</u> Death occurred at <u>12:00 pm July 20</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James A. Armatron D.O.			22b. ADDRESS 506 North St. Farmington Mo		22c. DATE SIGNED July 21, 62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 23 1962	23c. NAME OF CEMETERY OR CREMATORY HANNEY		23d. LOCATION (City, town, or county) NEAR FARMINGTON MO
24. FUNERAL DIRECTOR ADDRESS C H COZEAN FARMINGTON MO			25. DATE RECD. BY LOCAL REG. 22 July 1962		26. REGISTRAR'S SIGNATURE George F. Wood

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 09-5-0
 2 09-5-0
 3
 4 0
 5 2
 6
 7 0
 8 2
 9 4201
 10
 11
 12 90-2
 13 1-0
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

AUG 2 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 *C. J. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farmington 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.