

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24226

No. 300
10.48

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 682

1. PLACE OF DEATH a. COUNTY GREENE Mo.		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission). a. STATE MO b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) STRAFFORD Mo. c. LENGTH OF STAY (in this place) 5 WRS		c. CITY (If outside corporate limits, write RURAL and give township) STRAFFORD Mo. 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) B c. (Last) NASH			4. DATE OF DEATH (Month) (Day) (Year) JULY 13 1952		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 8 1877	9. AGE (Last birthday) 75	10. AGE (Under 1 year) (Months) 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) NORTHVIEW MO		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME LOGAN MURPHY		13b. MOTHER'S MAIDEN NAME POLLY HAZARD		14. NAME OF HUSBAND OR WIFE JAMES NASH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME CORDA MORTON ADDRESS STRAFFORD MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/13 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/8, 1952**, to **7/13, 1952** that I last saw the deceased alive on **7/13, 1952** and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Fretz M.D.		23b. ADDRESS Strafford Mo		23c. DATE SIGNED 7/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-16-1952		24c. NAME OF CEMETERY OR CREMATORY WEBCH	
24d. LOCATION (City, town, or county) (State) WEBSTER CO MO		24e. REGISTRAR'S SIGNATURE Edith Williamson Deputy Reg.		24f. FUNERAL DIRECTOR'S SIGNATURE BARBER-BARTO-MARSHFIELD ADDRESS	
DATE REC'D BY LOCAL REG. 7-16-52					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

390
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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
Student Embalmer

Signed

Rev. Bosh

Licensed Embalmer No. 3848

P. O. Address Put. Home

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 this body is not embalmed, fact should be so stated above.