

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13431

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6000 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY OR TOWN <u>Jasper</u>		c. CITY OR TOWN <u>Rural Jasper</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 Mi. N.E. of Vandalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Mi. N.E. of Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>8 Mi. N.E. of Vandalia</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hannah</u>	b. (Middle)	c. (Last) <u>Nadin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 29 1862</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR <u>1</u> Days <u>27</u> Hours <u>27</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Sibothan Gaskell</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Fanny Nadin</u>	14. NAME OF HUSBAND OR WIFE <u>John Nadin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lena Nadin</u>	ADDRESS <u>Vandalia</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial Type</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Insufficiency</u> DUE TO (c) <u>Senility, arteriosclerosis</u>		<u>8 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>42 3/4</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/3, 1949, to 3/23, 1949, that I last saw the deceased alive on 3/23, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Dougherty Dr.</u>	23b. ADDRESS <u>Vandalia, Mo.</u>	23c. DATE SIGNED <u>3/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar 27 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-29-1949</u>	REGISTRAR'S SIGNATURE <u>Clyde R. Wilkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Waters</u>	ADDRESS <u>Vandalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number H.H. 3. 760

APR 29 1949

Date Filed _____

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.

Signed William B Waters

Signed.....
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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 this body is not embalmed, fact should be so stated above.