

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29510

BIRTH NO.		REG. DIST. NO. 49	PRIMARY REG. DIST. NO. 5175	Registrar's No. 14
1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marks Creek Twp. Camden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Camden</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #2</u>		d. STREET ADDRESS <u>R.F.D. #2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Nations</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1949</u>		
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14 1865</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Camden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Basile Nations</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Meade</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Elizabeth Pickett</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>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Hurst</u> ADDRESS <u></u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis about</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>9-5-</u> , 19 <u>49</u> , to <u>Sept 27-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-22-</u> , 19 <u>49</u> , and that death occurred at <u>5:30 A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>G. J. Myers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marks Creek Mo</u>	23c. DATE SIGNED <u>9-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marks, Camden Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-28-49</u>	REGISTRAR'S SIGNATURE <u>G. J. Myers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Jessup</u> (acting) ADDRESS <u>Marks Creek Mo</u>		

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

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1219

Date Filed 10-14-29

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.