

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1950

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dunklin County Boarding Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett Rural Ind, Mo</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>EUGENE</u>	c. (Last) <u>NAIL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u>2</u> Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>HENRY NAIL</u>	13b. MOTHER'S MAIDEN NAME <u>RACHEL Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA NAIL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Jackson</u> ADDRESS <u>Kennett, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>43K3</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation of heart</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.			

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) (Min.)	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 _____ 19____, to 2-1-50, 19____, that I last saw the deceased alive on 1-31-50, 19____, and that death occurred at 3-P m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. I. Dampney</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>2-2-50</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-2-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Home</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Rural</u>
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DATE REC'D BY LOCAL REG. <u>2-2-1950</u>	REGISTRAR'S SIGNATURE <u>Carl W. Hasford</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Eugene Jackson</u> ADDRESS <u>Kennett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350
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Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 2-7-50

County File No. 250-49

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.....

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.