.S. No. 300
rv. 10.48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14837

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1060

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Josephine Heitkamp Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. James 0811
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) Cora Nease
b. (Middle)
c. (Last) Nease

4. DATE OF DEATH (Month) (Day) (Year) 5-4-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 28 1877
9. AGE (In years last birthday) 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Olney, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Harmon
13b. MOTHER'S MAIDEN NAME Jane Eats
14. NAME OF HUSBAND OR WIFE Charles R. Nease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charles Nease, St. James, Missouri ADDRESS

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) Cardiac Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Chronic Myocarditis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Carcinoma of Left lung — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) 420
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25, 1950, *to* 5-4, 1950, *that I last saw the deceased alive on* 5-3, 1950 *and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Gustave Dahms (Degree or title) M. D. O
23b. ADDRESS 1452 South Grand
23c. DATE SIGNED 5-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-4-50
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) St. James, Missouri

DATE REC'D BY LOCAL REG. MAY 4 1950
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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12.4

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Elmer R. Sodwell

Licensed Embalmer No. 4079

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.