

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25920

State File No.

FILED AUG 8 1951

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6180 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Winigan</u>		c. CITY OR TOWN <u>Winigan</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Winigan</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>William</u> c. (Last) <u>Nations</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1951</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>Jan. 28, 1868</u>		9. AGE (in years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>		IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Green B. Nations</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy King</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Nations</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 ADDRESS <u>Edgar Nations, Milan, Missouri</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>CORONARY Sclerosis</u>		DUPLICATE OF (a) <u>GENERAL Arterio Sclerosis</u>				<u>6 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>General Arterio Sclerosis</u>				<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral Hemorrhage</u>				<u>4 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 10, 1949, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R D Smith DO.</u> (Degree or title)		23b. ADDRESS <u>Green City, Mo</u>		23c. DATE SIGNED <u>Aug 2, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug. 3-1951</u>		REGISTRAR'S SIGNATURE <u>Laura M. Collett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glean E. Hunt & Son, Green City, Mo.</u>	
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Date Received: **AUG 6 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1394*
Date Filed: **AUG 6 1951**

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.....

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.