

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 7 1953

BIRTH NO. 13286 REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 300L Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (In this place) <u>—</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia 0041</u>		d. STREET ADDRESS (If rural, give location) <u>909 Booker St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 Booker St.</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Terasha</u> b. (Middle) <u>ANN</u> c. (Last) <u>Nalley</u>		<u>March 30, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 30, 1953</u>
		<u>—</u> <u>0</u>	9. AGE (In years last birthday) <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Robert Nalley</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Cropp</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Holman</u> ADDRESS <u>Vandalia, Mo.</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>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature infant</u> DUE TO (c) <u>Luetica (mother)</u> 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 hrs.</u> <u>24 wks.</u> <u>10 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	<u>0202</u>
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?	
22. I hereby certify that I attended the deceased from <u>3/30</u> , 19 <u>53</u> , to <u>3/30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/30</u> , 19 <u>53</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. W. Lindsey D.O.</u>		23b. ADDRESS <u>Vandalia, Mo.</u>	23c. DATE SIGNED <u>4/4/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ashley Mo.</u>
DATE REC'D BY LOCAL REG. <u>4/14/53</u>	REGISTRAR'S SIGNATURE <u>Mollie Fugate</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Smith</u>	ADDRESS <u>Vandalia Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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. *Not Embalmed*