FILED JUN 20 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23056

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5562

**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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

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

**3. NAME OF DECEASED** (Type or Print)
a. (First): Vester
b. (Middle): Roosevelt
c. (Last): Nations

**4. DATE OF DEATH** (Month) (Day) (Year): May 30, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: October 2, 1903
**9. AGE** (In years last birthday): 49 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Distributor
**10b. KIND OF BUSINESS OR INDUSTRY**: Bulk Oil
**11. BIRTHPLACE** (State or foreign country): Bollinger County, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: William Nations
**13b. MOTHER'S MAIDEN NAME**: Dora Clifton
**14. NAME OF HUSBAND OR WIFE**: Teckla Brandt Nations
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Clifford Nations, Fredricktown, Mo.

**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) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis
DUE TO (c) Multiple Infarcts left ventricle wall

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 ☑ 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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4222

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 A. m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Patrick E. Taylor Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 6.4.53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: June 1, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Hopewell Cemetery
**24d. LOCATION** (City, town, or county) (State): Sedgewicksville, Mo.

DATE REC'D BY LOCAL REG. JUN 4 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Bey F.H., Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1953

FEB 15 1954

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 J. Allen Dau

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address St L

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.