

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

6622

State File No.

FILED MAR 4 1954
BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0960

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 day	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) #56 Portland Place	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Eugene	b. (Middle) D	c. (Last) Nims	January 30, 1954		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr 3, 1866	9. AGE (In years left (birthday)) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY S.W. Bell Telephone DISTRICT	11. BIRTHPLACE (City and State or Foreign Country) Fond-du-lac, Wis. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Nims	13b. MOTHER'S MAIDEN NAME Sarah Dutton	14. NAME OF HUSBAND/ OR WIFE Lotawana Nims
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 456-24-8665	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lotawana Nims #56 Portland

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS, MESENTERIC VEIN		UNKNOWN
	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.		CARCINOMA OF GALL BLADDER WITH METASTASIS TO LIVER	UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5702 H

22. I hereby certify that I attended the deceased from 1/30 19 54, to 1/30 19 54, that I last saw the deceased alive on 1/30 19 54, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Black</i>	(Degree or title) M. D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 1/30/54
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE 2/2/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Charles Roack Rd MO
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DATE REC'D BY LOCAL REG. FEB 1 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE R. Impton & Sons 433 Deane Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 5

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.....
Signature of Student Embalmer

Signed..... *Arnold W. Salovee*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.