

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16510

State File No.

FILED MAY 19 1954

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora, MO. 2551</u>		d. STREET ADDRESS (If rural, give location) <u>203 WINDSOR AVE.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 WINDSOR AVE.</u>					
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>W.</u> c. (Last) <u>NASH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 - 1954</u>		
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>DEC 24 - 1872</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harrett Nash</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Williams</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Therence Nash</u>		ADDRESS <u>Aurora 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary thrombosis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input 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?			
22. I hereby certify that I attended the deceased from <u>1947</u> to <u>May 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb</u> , 19 <u>54</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. C. Capello</u>			23b. ADDRESS <u>M. P. C. Aurora, Mo.</u>		23c. DATE SIGNED <u>5-11-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora MO.</u>		
DATE REC'D BY LOCAL REG. <u>5-27-1954</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt 157</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar S. Marsh</u> ADDRESS <u>Aurora, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Osman L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Quora 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.