

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1954

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3009

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) Jackson		c. CITY (If outside corporate limits, write RURAL and give township) Jackson <i>0161</i>	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 310 Cherry St. <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 Cherry St.			

3. NAME OF DECEASED (Type or Print) a. (First) Fredrick	b. (Middle) H.	c. (Last) Nance	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1954
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5. SEX Male <i>2</i>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 7, 1890	9. AGE (In years) (last birthday) 63	10. UNDER 1 YEAR (Months) (Days) 11 11	11. UNDER 14 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Manager	10b. KIND OF BUSINESS OR INDUSTRY Adams Fuel Co.	11. BIRTHPLACE (State or foreign country) Jackson, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wesley Nance	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Sadie Nance
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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) No	16. SOCIAL SECURITY NO. 489-03-2829	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Nance, Jackson, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		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) Hypertensive arteriosclerotic Cardiovascular Disease DUE TO (c)		
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 <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)	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 **Aug 19, 1949**, to **July 18, 1954**, that I last saw the deceased alive on **July 18, 1954**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Trolinger, MD	23b. ADDRESS J. H. TROLINGER, M. D JACKSON, MISSOURI	23c. DATE SIGNED 7/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Russell Hgts. Cemetery	24d. LOCATION (City, town, or county) (State) Jackson, Mo.
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DATE REC'D BY LOCAL REG. July 21-54	REGISTRAR'S SIGNATURE D. J. Lubert <i>430</i>	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	ADDRESS Cape Gir., Mo.
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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.....

Frank Sparks

Licensed Embalmer No.

3455

P. O. Address

Cape Gir, Md

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.