

FILED DEC 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37715

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Township	c. LENGTH OF STAY (In this place) 2 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) 8619 Smart	

3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) ✓ c. (Last) Nay			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1954					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 11, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 7	Hours 7	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Henry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Minter Nay	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Minter Nay Holden Mo.		ADDRESS Holden Mo.	
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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) PULMONARY EMBOLUS		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Phlebotrombosis		
	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 fax	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)
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 Sept. 17, 1954, to Nov. 18, 1954, that I last saw the deceased alive on Nov. 18, 1954, and that death occurred at 10:50 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE David Watson M.D.	(Degree or title)	23b. ADDRESS R # 4 Independence, Mo.	23c. DATE SIGNED Nov. 18, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri
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DATE REC'D BY LOCAL REG. 11/18/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Canaday and Ropp	ADDRESS Holden, 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

M J Canada

Licensed Embalmer No. *24/34*

P. O. Address *Heldon, Miss*

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.