No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4381

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 7

340

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

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ava
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Douglas
c. CITY OR TOWN: Ava
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0340 0

3. NAME OF DECEASED (Type or Print)
a. (First): Orville
b. (Middle): Franklin
c. (Last): Nall

4. DATE OF DEATH (Month) (Day) (Year): Mar. 5, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~: 1
8. DATE OF BIRTH: Aug. 25, 1918
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fabick Caterpillar Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sweden Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Nall
13b. MOTHER'S MAIDEN NAME: Laura Elliott
14. NAME OF HUSBAND OR WIFE: Leawen Nall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. Two
16. SOCIAL SECURITY NO.: 496-09-7869
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Leawen Nall — Ava, 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): Acute Toxemia — 2-3 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Metastasis — Brain — 2 weeks
DUE TO (c): Carcinoma of Lung — 6 Months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 163 X
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?

22. *I hereby certify that I attended the deceased from* July, 1954, *to* 3-5-, 1955, *that I last saw the deceased alive on* 3-5, 1955, *and that death occurred at* 3:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. C. Gentry (Degree or title): M.D.
23b. ADDRESS: Ava. Mo
23c. DATE SIGNED: 3-6-55

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~:
24b. DATE: 3-7-1955
24c. NAME OF CEMETERY OR CREMATORY: Turkey Creek
24d. LOCATION (City, town, or county) (State): Ava Mo.

DATE REC'D BY LOCAL REG.: 3-11-55
REGISTRAR'S SIGNATURE: Vestal Bushman 84-7
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Clinkingbeard Funeral Home Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1955

MAR 1 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 466

P. O. Address Ava, Mo

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.