

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5442**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wellington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 blocks south by 24 and 2</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>MARIE</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>NASSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 21, 1866</u>
9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Berlin, Germany</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Thomann</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Louise Bitter</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. Edmund Nasse</u>
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 ADDRESS <u>Mrs. J. Thomas Larkin Wellington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> <u>6 yrs.</u>  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 <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>6-6</u> , 19 <u>51</u> , to <u>2-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>55</u> , and that death occurred at <u>6:00</u> A.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William Bruster #53</u>		23b. ADDRESS <u>20. S. Wellington Mo</u>	23c. DATE SIGNED <u>2-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Evang. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/27/55</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Clair Sheppard Wellington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

540

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. Clair Shipp*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.