

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSHAFFER
11740
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>4231</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>SHANNON</u>				
b. CITY OR TOWN <u>MOUNTAIN VIEW</u>		c. LENGTH OF STAY (in this place) <u>7 DAYS</u>		c. CITY OR TOWN <u>WINONA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>ST. RT. 1010</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>INA</u> b. (Middle) <u>LOU</u> c. (Last) <u>NASH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9-1955</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 25-1895</u>		
9. AGE (in years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Deleware, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>W.H. Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Kell</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris Wilcox 5761 WAGNER ST. LOUIS 14 Mo.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		ANTECEDENT CAUSES DUE TO (b) <u>Coroner of Liver</u>						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 checked="" 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>4/3</u> , 19 <u>55</u> , to <u>4/9</u> , 19 <u>55</u> that I last saw the deceased alive on <u>4/9</u> , 19 <u>55</u> and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James R. Shaffer D.O.</u>				23b. ADDRESS <u>Wagon View Mo.</u>		23c. DATE SIGNED <u>4/12/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>5-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MUNCEL CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>ERGINENCE, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/14/55</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		25. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>Duncan Funeral Home Mountain View, Mo.</u>				

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.....
Signature of Student Embalmer

Signed *Joe P. Duncan*

Licensed Embalmer No. *432*

P. O. Address *G. T. View*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.