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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19511

State File No. ....

FILED JUN 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gideon</b>		c. LENGTH OF STAY (in this place) <b>40</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		f. STREET ADDRESS (If rural, give location) <b>0720</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>Logan</b>	c. (Last) <b>Nalley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 1 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-3-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trainman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Alto Pass, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Berry Nalley</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Clendenin</b>	14. NAME OF HUSBAND OR WIFE <b>Eron Nalley Gideon, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>482-09-0831</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eron Nalley Gideon, Missouri</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Diabetes mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 only 1952 to 6-1, 1955, that I last saw the deceased alive on 6-1, 1955, and that death occurred at 12:5 m., from the causes and on the date stated above.

23a. SIGNATURE <b>F. B. Hopkins MD</b>	23b. ADDRESS <b>Gideon, Mo</b>	23c. DATE SIGNED <b>6-14-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-4-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>674-55</b>	REGISTRAR'S SIGNATURE <b>F. B. Hopkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Raymond [Signature]</b>
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(If signed Embalmer's Statement on Reverse Side)

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

JUL 29 1955

DATE RECEIVED JUN 20 1955  
NEW MADRID CO. HEALTH CENTER

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 *Lloyd Russell*

Licensed Embalmer No. 509

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