

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1956

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY OR TOWN <u>HOLDEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>HOLDEN MISSOURI 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLDEN HOSP & CLINIC</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINTER</u> b. (Middle) <u>TILLMAN</u> c. (Last) <u>NAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JULY 31 1874</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Days <u>5</u> IF UNDER 24 HRS. Hours <u>29</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKSBURG, W. VA.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOSEPH NAY</u>		13b. MOTHER'S MAIDEN NAME <u>PERNELIA MCINTYRE</u>		14. NAME OF HUSBAND OR WIFE <u>MOLLIE NAY (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>V V V V</u>		16. SOCIAL SECURITY NO. <u>492-14-7204</u>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>MADRENCE TALLEY KANSAS CITY, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 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 1-1-1956 to 1-29-1956 that I last saw the deceased alive on 1-29-1956 and that death occurred at 5:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Moulton, M.D.</u>		23b. ADDRESS <u>Holden, MO</u>		23c. DATE SIGNED <u>1-20-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>1-30-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. O. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CANADY & ROPP HOLDEN MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1956

RECEIVED
FEB 3 1956
JOHNSON COUNTY HEALTH DEPT

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.....
M. R. C. [Signature]

Licensed Embalmer No. 3434

P. O. Address.....
[Signature]

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.