

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12617

State File No.

BIRTH NO.		REG. DIST. NO. <u>48</u>		PRIMARY REG. DIST. NO. <u>40 89</u>		Registrar's No. <u>15-</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandin</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Grandin</u>		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 <u>Main St.</u>				e. STREET ADDRESS (If rural, give location) <u>Main St.</u> 0180			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>THOMAS</u>			c. (Last) <u>NANCE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1956</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 29-1895</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Iron, County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>William Nance</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Ketcherside</u>			14. NAME OF HUSBAND OR WIFE <u>Della Nance</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-28-8106</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Della Nance Grandin, 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>Carcinoma of Urinary Bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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 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) <u>181x</u>			
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 <u>24 Feb 56</u> , 19 <u>56</u> , to <u>April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2 Mar</u> , 19 <u>56</u> , and that death occurred at <u>1:00 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>321 Oak Park Bluff</u>		23c. DATE SIGNED <u>April 5 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/3/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandin, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Grandin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 19-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edwards Funeral Home Doniphan, 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.....
John A. Parent

Licensed Embalmer No. *480*
P. O. Address *Dougherty*

**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.**