

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15556

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 174			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 18 days		c. CITY OR TOWN Lexington		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 Ellis Fischel State Cancer Hosp.				e. STREET ADDRESS (If rural, give location) 823 South Street				05421	
3. NAME OF DECEASED (Type or Print) a. (First) Andrew			b. (Middle) Jackson			c. (Last) Nance			
4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 1956		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH 3-17-1871	
9. AGE (In years last birthday) 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Grant County, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Nance			13b. MOTHER'S MAIDEN NAME Huegenloyd			14. NAME OF HUSBAND OR WIFE widower			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records					
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) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epidermoid Ca Floor Mouth DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 7 days - 3+ mos.	
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)		143x			
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 May 11, 1956, to May 29, 1956, that I last saw the deceased alive on May 29, 1956, and that death occurred at 8:34 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harry L. Morgan MD				23b. ADDRESS Ellis Fischel State Cancer Hosp. Columbia Mo		23c. DATE SIGNED 5/29/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 30, 1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) LEXINGTON, MISSOURI			
DATE REC'D BY LOCAL REG. May 30 1956		REGISTRAR'S SIGNATURE Mrs R.E. Palmore		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Career Funeral Service, Columbia Mo					

(Licensed Embalmer's Statement on Reverse Side)

1-21 12 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by [Signature], Student Embalmer No. 5 working under my personal supervision..

Student [Signature]
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 4
P. O. Address Columb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.