No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1956

State File No. 30287

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5385 Registrar's No. 67

0330

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Merramec typ
c. LENGTH OF STAY (in this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): x

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Salem
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt 3

0330

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Arthur
c. (Last) Nash

4. DATE OF DEATH (Month) (Day) (Year): Oct 1 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 17 1881
9. AGE (In years last birthday): 75 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (City and State or Foreign Country): Dent Co Mo
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: John Henry Nash
13b. MOTHER'S MAIDEN NAME: Eliza Goade
14. NAME OF HUSBAND OR WIFE: Elizabeth Belle Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): 496-40-9860
16. SOCIAL SECURITY NO.: 496 40 9860
17. INFORMANT'S SIGNATURE OR NAME: Mrs Elizabeth Nash
ADDRESS: Salem Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Prostate unknown
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: 1955
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate 177X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1956, *to* Sept 18, 1956 *that I last saw the deceased alive on* 9/18/, 1956 *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. H. Hunt MD
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: 10/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 3-56
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetary
24d. LOCATION (City, town, or county) (State): Dent Co Mo

DATE REC'D BY LOCAL REG.: 10-3-56
REGISTRAR'S SIGNATURE: R.E. Mitchell, M.D. by M.E.E.
25. FUNERAL DIRECTOR'S SIGNATURE: Carl R. Spencer
ADDRESS: Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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

515

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 37

P. O. Address .....

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