

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

State File No. 35985

9126

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home		d. STREET ADDRESS (If rural, give location) 5351 DELMAR	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) ARTHUR c. (Last) NALL			4. DATE OF DEATH (Month) (Day) (Year) Oct. 4 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Oct 2, 1870
9. AGE (In years last birthday) Months Days 86 - 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ironton, Missouri.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME G. B. Nall	
13b. MOTHER'S MAIDEN NAME Sally Wells		14. NAME OF HUSBAND OR WIFE Cora B. Henson, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lewis C. Robertson, Supt. Masonic Home of Missouri, 5351 Delmar Blvd
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>ACUTE MYOCARDIAL INFARCTION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>ONE DAY</u> <u>5 YRS</u> <u>10 YRS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	
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 <u>2-16, 1955</u> , to <u>10-4, 1956</u> , that I last saw the deceased alive on <u>10-4, 1956</u> , and that death occurred at <u>12:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Robert A. Hall		23b. ADDRESS 5351 DELMAR St. Louis, Mo.	
23c. DATE SIGNED 10-5-56		23d. NAME OF CEMETERY OR CREMATORY Jefferson City, Mo.	
23e. DATE REC'D BY LOCAL REG. OCT 5 1956		23f. REGISTRAR'S SIGNATURE Earl Smith	
23g. FUNERAL DIRECTOR'S SIGNATURE Thorpe Gordon		23h. ADDRESS Funeral Home, Jefferson City, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Student Embalmer

Signed

*E. J. Remelius*

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.