

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42029**

FILED JAN 11 1957

3

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

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>Lexington</b>		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lexington Memorial Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1210 Main St.</b>				<b>0540</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) _____			c. (Last) <b>NASSER</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>December 24 1956</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
8. DATE OF BIRTH <b>November 23 1872</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self-employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mazraat, Lebanon</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>M. Nasser</b>			13b. MOTHER'S MAIDEN NAME <b>Marina Bouhazy</b>			14. NAME OF HUSBAND OR WIFE <b>Minnie Stompoly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>not known</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nassif Nicola</b>				ADDRESS <b>Lexington, Mo.</b>	
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, ashenic, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>						<b>10 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>						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) (Min.)		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>12/22/1956</u> , to <u>12/24/1956</u> , that I last saw the deceased alive on <u>12/24/1956</u> , and that death occurred at <u>5:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Ben Nasser</b>				23b. ADDRESS <b>M D Lexington, Mo.</b>		23c. DATE SIGNED <b>12/26/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 27, '56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery Lexington, Missouri</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>1-2-57</b>		REGISTRAR'S SIGNATURE <b>Minerva E. Entel...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Forest J. ...</b>		ADDRESS <b>...</b>			

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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.....  
*Geo. McKean*

Licensed Embalmer No. *298*  
P. O. Address *Langley, Mass*

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.