

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42436

FILED JAN 7 1957

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 6958 Registrar's No. 106

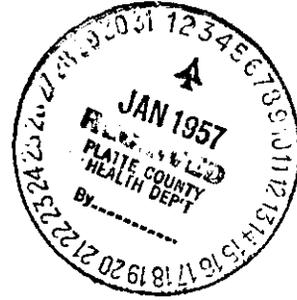
1. PLACE OF DEATH a. COUNTY <u>PLATTE COUNTY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>CARROLL TOWNSHIP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTHEAST OF PLATTE CITY</u>		Length of stay in 1b <u>15 YEARS</u>	d. STREET ADDRESS <u>3 MILES SOUTHWEST PLATTE CITY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BARY</u> Middle <u>VANCE</u> Last <u>NASH</u>			4. DATE OF DEATH <u>DEC. 30, 1956</u> Month <u>DEC.</u> Day <u>30</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 6, 1941</u>	9. AGE (In years last birthday) <u>15</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (City and state or country) <u>SMITHVILLE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>JOE BILL NASH</u>			14. MOTHER'S MAIDEN NAME <u>LILA BELL VANCE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>JOE BILL NASH PLATTE CITY MO.</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute pulmonary congestion and edema</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
					DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>APPROX. 6 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Soland M. Goffe, Coroner</u>			22b. ADDRESS <u>Platte City, Mo.</u>		22c. DATE SIGNED <u>12-30-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN 1, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PLATTE CITY MO.</u>
24. FUNERAL DIRECTOR <u>Bellins &amp; MITCHELL</u>		ADDRESS <u>PLATTE CITY MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 31, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, or Registrar must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

(Licensed Embalmer's Statement on Reverse Side)

1957 - T. H. H. H.



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 ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Roland M. Giffey*

Licensed Embalmer No. *472*

P. O. Address *Platte City*

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.