

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7955

STATE FILE NUMBER

FILED MAR 28 1957

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Belton</b>		c. CITY OR TOWN <b>Belton</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shamrock Lanes</b>		Length of stay in lb <b>43 years</b>	d. STREET ADDRESS <b>9 Belmo St.</b> (if outside, give location)
3. NAME OF DECEASED (Type or print) <b>Charles Deles Nethaway</b>			4. DATE OF DEATH <b>3-12-57</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 21, 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>District Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>United Press</b>	9. AGE (In years last birthday) <b>43</b>
11. BIRTHPLACE (City and state or country) <b>Belton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Erle Nethaway</b>		14. MOTHER'S MAIDEN NAME <b>Onieta Sprinkle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW # 2</b>		16. SOCIAL SECURITY NO. <b>462 05 9801</b>	17. INFORMANT <b>Elizabeth Nethaway, Belton, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage, Acute</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Arteriosclerosis</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) <b>None</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>  <b>Unknown</b>
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.) <b>Not Injury</b>		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>Belton Cass Mo.</b>	
21. I attended the deceased from <b>1949</b> to <b>Mar 12, 1957</b> and last saw <b>him</b> alive on <b>Mar 11, 57</b> Death occurred at <b>9:15 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Herbert A. Tracy M.D.</b>		22b. ADDRESS <b>Belton, Missouri</b>	22c. DATE SIGNED <b>3-11-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-15-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons Inc, Belton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 18, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Dore Barward</b>

(Licensed Embalmer's Statement on Reverse Side)

300  
-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms will be inscribed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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APR 10 1957

RECEIVED  
MAR 25 1957  
HEALTH DEPARTMENT

RECEIVED  
~~MAR 18 1957~~  
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision:..

Student .....  
Signature of Student Embalmer

Signed *Arthur E. ...*  
.....

Licensed Embalmer No. *49*

P. O. Address *Grand...*

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.