. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 23 1957

45103
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Palmyra 0640 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Maple Lawn Rest Home — Length of stay in 1b 1 wk.	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Clarence	Middle: E.	Last: Nall	4. DATE OF DEATH Month 11 Day 26 Year 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 3/6/09	9. AGE (In years last birthday): 48 — 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): Restaurant Oper.	10b. KIND OF BUSINESS OR INDUSTRY: Restaurant	11. BIRTHPLACE (City and state or country): Marion Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Nall		14. MOTHER'S MAIDEN NAME: Betti E. Rhodes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 491-14-0667	17. INFORMANT: Mrs. Pearl Nall	Address: Palmyra Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular accident	15 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetes Mellitus	15 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 260x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 1, to Nov 19 1957 and last saw ~~him~~ him alive on Nov 18-57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A Rouner DO 2	22b. ADDRESS: Palmyra Mo	22c. DATE SIGNED: 11/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/29/57	23c. NAME OF CEMETERY OR CREMATORY: Philadelphia Cem.	23d. LOCATION (City, town, or county) (State): Philadelphia Mo.
24. FUNERAL DIRECTOR: E.T.Sprague	ADDRESS: Palmyra Mo.	25. DATE RECD. BY LOCAL REG.: 11-27-57	26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By Viola Geer, Deputy

(Licensed Embalmer's Statement on Reverse Side)

189-0

RECEIVED DEC 1 9 1957
MARION CO. HEALTH DEPT.
DATE FILED DEC 1 9 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. L. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo.

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