

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032257  
State File No.

FILED OCT 15 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1186 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>of Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bourbon Rural OAKHILL</u>	
c. LENGTH OF STAY (in this place) <u>2 Years</u>		d. STREET ADDRESS (If rural, give location) <u>RT # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>334 E. WATSON Rd.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Olga</u>	b. (Middle) <u>(N.M.I.)</u>	c. (Last) <u>NYE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 7 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Dec. 25-1871</u>	9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR	IF UNDER 2 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>WORTH COUNTY, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>P. A. BRIGHTON</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>FORREST A. NYE - Deed.</u>
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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'S SIGNATURE OR NAME <u>Eliza Schmidt</u> ADDRESS <u>334 E. WATSON Rd. SULLIVAN MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PROGRESSIVE CEREBRAL SCLEROSIS</u>	
	<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>ARTERISCLEROTIC HEART DISEASE</u></p> <p>DUE TO (c)</p>	
	<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from MARCH 5, 1948 to OCT. 7, 1958, 19\_\_\_\_, that I last saw the deceased alive on OCT 6, 1958, 19\_\_\_\_, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald H. Scott, D.O.</u>	23b. ADDRESS <u>SULLIVAN, MO.</u>	23c. DATE SIGNED <u>10/8/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-10-1958</u>	24c. NAME OF CEMETERY <u>Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Bourbon MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-9-58</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoener Funeral Home</u> ADDRESS <u>Cadmo MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Norman C. Haener

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.