

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000532
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carrollton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 S. Pine		Length of stay in 1b	d. STREET ADDRESS 077 212 S. Pine (If outside, give location) 0

3. NAME OF DECEASED (Type or print) Alva Ray Nance			4. DATE OF DEATH Month Jan. Day 17, Year 1959		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-----------------------	----------------------------------	---	--	--	---------------------------	--------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and state or country) Carroll County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---

13a. FATHER'S NAME Andrew Nance	13b. MOTHER'S MAIDEN NAME Lulu May Brock	14. NAME OF HUSBAND OR WIFE Avanell Nance
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-10-5282	17. INFORMANT Avanell Nance , Address Carrollton, Mo.
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ischemic Heart Disease due to Stomach ulcers DUE TO (b) Myocardial Infarction DUE TO (c) _____		ONSET BETWEEN ONSET AND DEATH 10 hours 1 hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5400		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 7-26-58 to 1-17-59 and last saw him alive on 1-17-59 Death occurred at 3:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Edward L. Smith (Degree or title)	22b. ADDRESS 10719th Carrollton, Mo.	22c. DATE SIGNED 1-19-59
--	--	------------------------------------

23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE 1-20-1959	23c. NAME OF CEMETERY OR CREMATORY Powell Cemetery	23d. LOCATION (City, town, or county) (State) Carroll County Mo.
--	-------------------------------	--	--

24. FUNERAL DIRECTOR Standley & Gibson	ADDRESS Carrollton, Mo.	25. DATE RECD. BY LOCAL REG. 1-21-59	26. REGISTRAR'S SIGNATURE Mr. Herbert Calvert
--	-----------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 7 1959

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 James F. Gibson....., Student Embalmer No. 5721..... working under my personal supervision.

Student James F. Gibson.....
Signature of Student Embalmer

Signed Ben W. Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.