

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040281

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3001 Registrar's No. 401

AMENDED

FILED NOV 21 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF | | c. CITY OR TOWN GRANDIN | |
| Length of stay in 1b 19 DAYS | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION | | d. STREET ADDRESS (If outside, give location) STAR ROUTE | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last FREEMAN FREDERICK NASH | | | 4. DATE OF DEATH Month Day -Year NOVEMBER 15, 1961 |
| 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 1-27-24 |
| 9. AGE (last birthday) 37 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 11. BIRTHPLACE (City and state or country) BROWNWOOD, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME FREDERICK NASH | |
| 13b. MOTHER'S MAIDEN NAME FRANCES PORTER | | 14. NAME OF HUSBAND OR WIFE EULA S. NASH | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII | | 17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) BILATERAL PNEUMONITIS. DUE TO (b) NEUTROPENIA. DUE TO (c) CHRONIC LYMPHOCYTIC LEUKEMIA. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH - - - |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> VA | | |
| 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 October 27, 1961 to Nov. 15, 1961 and last saw him alive on Nov. 15, 1961 Death occurred at 6:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE DAVID W. MILLER, M.D., Act. Pathologist | | 22b. ADDRESS VA Hospital, Poplar Bluff, Mo. | 22c. DATE SIGNED 11/15/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE Nov. 18, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery | 23d. LOCATION (City, town, or county) (State) Doniphan, Missouri |
| 24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo. | | 25. DATE RECD. BY LOCAL REG. 11/18/1961 | 26. REGISTRAR'S SIGNATURE Thelma Graham |

DEC 5 1961

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

Student _____
Signature of Student Embalmer

Signed Gene A Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.