

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-046804**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 219

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>1085</u>				
2 <u>1085</u>				
3				
4 <u>0</u>				
5 <u>2</u>				
6				
7 <u>1</u>				
8 <u>2</u>				
9 <u>94200</u>				
10				
11				
12 <u>1-0</u>				
13 <u>1-0</u>				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 26 1963	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b> b. CITY OR TOWN <b>Nevada</b> Length of stay in 1b <b>2 days</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> c. CITY OR TOWN <b>Nevada</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1711 N. Ash</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD G DE NAYER</b>	
4. DATE OF DEATH Month Day Year <b>November 19 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/19/31</b>
9. AGE (last birthday) <b>82</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>0</b> IF UNDER 24 HR Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>coal</b>
11. BIRTHPLACE (City and state or country) <b>Collinsville, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Hippolite DeNayer</b>	
13b. MOTHER'S MAIDEN NAME <b>Augustine Monseu</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Alberta Ross-Nevada, Missouri</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT Address <b>Mrs. Alberta Ross-Nevada, Missouri</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>Arteriosclerotic Heart Disease with cardiorenal failure</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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. Month, Day, Year	
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 <b>February 1958</b> , to <b>November 19, 1963</b> . I last saw her alive on <b>November 19, 1963</b> . Death occurred at <b>2:47 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>James J. Lascoc M.D.</i>	
22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>	
22c. DATE SIGNED <b>11--21=63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>11/22/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Rich Hill, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Booth Funeral Serv-Rich Hill, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-22-1963</b>	
26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>	

10-10-10-10

DEC 4 1963

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

*John W. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler, Ma

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.