

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21038**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	c. LENGTH OF STAY (In this place) 6 weeks	c. CITY OR TOWN Richmond	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial		e. STREET ADDRESS (If rural, give location) 315 East Lexington Street	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) (N) c. (Last) NADING			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1956		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 6, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) liquor attendant		10b. KIND OF BUSINESS OR INDUSTRY WALK LINC.		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. B.	
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13a. FATHER'S NAME Samuel Nading		13b. MOTHER'S MAIDEN NAME Emma Hunt		14. NAME OF HUSBAND OR WIFE Dora Bell (Johnson) Nading	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Dora Nading ADDRESS Richmond Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CHRONIC PYELONEPHRITIS		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC PYELONEPHRITIS		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. CHF (b) Congestive Heart Failure	
DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000		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 **May 21, 1956**, to **June 18, 1956**, that I last saw the deceased alive on **June 17, 1956**, and that death occurred at **5:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas D. Gosh, M.D.		23b. ADDRESS 112 1/2 W. Main, Richmond, Mo.		23c. DATE SIGNED June 19, 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20, 1956		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Missouri	
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DATE REC'D BY LOCAL REG. 6-22-56		REGISTRAR'S SIGNATURE Wm. E. Eckelhardt		25. FUNERAL DIRECTOR'S SIGNATURE QUEST-LIFE FUNERAL HOME ADDRESS RICHMOND, MISSOURI	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
George H. Hale

Licensed Embalmer No. *4066*

P. O. Address *Richmond*

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.