

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5822

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Ray		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 Richmond Mo. Twp C		c. LENGTH OF STAY (in this place) 55	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Mo	
		d. STREET ADDRESS (If rural, give location) Route # 5	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) W. c. (Last) Nance			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1894
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Richmond, Missouri
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Nance		13b. MOTHER'S MAIDEN NAME Ida McGrew Nance	14. NAME OF HUSBAND OR WIFE Temple Duval Nance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-09-0126	17. INFORMANT'S SIGNATURE OR NAME TEMPLE DUVAL NANCE ADDRESS Richmond, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carburetor Injury ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Oct 19 50 to Feb 22 1950 , that I last saw the deceased alive on Feb 22, 1950 and that death occurred at 2:39 pm. , from the causes and on the date stated above.			
23a. SIGNATURE E. G. Fay (Deputy or title)		23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 2-24-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-1950	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery - Richmond, Mo.	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. Feb 25-1950	REGISTRAR'S SIGNATURE Malcolm Jackson 273	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Banta ADDRESS Richmond, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890

RECEIVED FEB 27 MAR 3 1950

District Health Officer No. 2
District File Number
Date Filed 3-2-50 MAR 7 1950

RECEIVED

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 _____
Student Embalmer

Signed *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, Va.*

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.