

S. No. 300
REV. 10-48

APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8675**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **125**

0485

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0480	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) RR 2 (Blue)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium & Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ernest	b. (Middle) Weston	c. (Last) Nash	4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1891	9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weight Officer	10b. KIND OF BUSINESS OR INDUSTRY State Patrol	11. BIRTHPLACE (City and State or Foreign Country) YUMA, Colo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wesley F. Nash	13b. MOTHER'S MAIDEN NAME Mary A. Adams	14. NAME OF HUSBAND OR WIFE Ida B. Nash
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 496 03 1105	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Bell Nash	ADDRESS Independence, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH SUB DEN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE ACUTE VENTRICULAR FIBRILLATION		
	ANTECEDENT CAUSES Due to (b) CHRONIC MYOCARDIAL FIBROSIS & INTRAMURAL THROMBUS, Due to (c) ANCIENT MYOCARDIAL INFARCTION II. OTHER SIGNIFICANT CONDITIONS. SUBACUTE MESENTERIC THROMBOSIS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? 4201 YES <input checked="" type="checkbox"/> NO <input 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)	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 **Jan. 9, 1952**, to **Mar. 18, 1952**, that I last saw the deceased alive on **Mar. 18, 1952**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold V Woods MD	23b. ADDRESS 121 1/2 W. Lexington Indep. Mo.	23c. DATE SIGNED Mar. 19, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/22/52	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. Mar. 21-1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Bob Larson	ADDRESS Independence, Mo.
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APR 2 1921

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 _____

Dean W. Huff

Student Embalmer No. *446*

working under my personal supervision.

Student *Dean W. Huff*
Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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 this body is not embalmed, fact should be so stated above.