

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21220**
Registrar's No. **463**

FILED JUL 16 3 1942
Registration District No. _____

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hosp. D I**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week** Specify whether
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **722 W Olive** (If rural, give location) **HO**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Ida Nutter**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Fm** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. Name of husband or wife **Joseph Nutter** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Feb** (Month) **24** (Day) **1876** (Year)

8. AGE: Years **66** Months **3** Days **27** If less than one day hr. _____ min. _____

9. Birthplace **Green Briar W. Va.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Taylor Hall**

13. Birthplace **unknown W Va** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah E. Barnett**

15. Birthplace **Unknown W. Va** (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Nutter**

(b) Address **722 W. Olive**

17. (a) **Burial** (b) Date thereof **June 24** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Springfield MO**

(b) Address _____

19. (a) **6-22-42** (b) **W. R. S. Hurd** (Date received local registrar) (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21** ~~th~~
year **1942** hour **I** minute **A** M.

21. I hereby certify that I attended the deceased from **6-8** 1942 to **6-21** 1942
that I last saw **her** alive on **6-20** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism** Duration **1 1/2 days**

Due to **probable Foliage peteire Surgery** 9 days

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature **W. Roland Houston** (M. D. or other) **MO**
Address **Springfield MO** Date signed **6/22/42**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Lawrence R. Hall

Licensed Embalmer No.

2784

P. O. Address

Springfield, 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.

X

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21220

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary I. Nutter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 24 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>20</u>	<u>0</u>

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day _____ year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19 _____
that I last saw him _____ live on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Maligancy of uterus
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. Roland Langston (M. D. or other) md
Address Springfield Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

SUPPLEMENTAL

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text notes that without clear documentation, it becomes difficult to track expenses, revenues, and other critical data points over time.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools and software solutions have revolutionized the way data is stored, accessed, and analyzed. These technologies not only reduce the risk of human error but also enable more efficient data management and reporting. The document suggests that organizations should invest in reliable digital systems to streamline their record-keeping processes.

3. The third part of the document addresses the challenges associated with data security and privacy. As the volume of data increases, the risk of breaches and unauthorized access also grows. It stresses the need for robust security protocols, including encryption, access controls, and regular security audits. Additionally, it discusses the importance of complying with relevant data protection regulations to ensure that sensitive information is handled responsibly.

4. The final section discusses the importance of regular data backups and disaster recovery plans. It explains that unexpected events, such as hardware failures or natural disasters, can result in the loss of critical data. By implementing a consistent backup schedule and having a clear recovery strategy in place, organizations can minimize downtime and ensure that their records are preserved and recoverable in the event of an emergency.