

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston, Mo.</b>		c. LENGTH OF STAY (In this place) <b>4 Hrs. 55 M</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Morley</b>		150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Sikeston, Missouri RFD.</b>			
3. NAME OF DECEASED (Type or Print) <b>Cecil</b>		a. (First)		b. (Middle)		c. (Last) <b>Nunley</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>0 24 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>8-8-1900</b>		9. AGE (In years Last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>10</b>		IF UNDER 24 HRS. Days <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Holly Springs, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Buck Nunley</b>		13b. MOTHER'S MAIDEN NAME <b>Creasie Walls</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Nunley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Viola Nunley, Morley, Missouri</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>penetrating wound of lung</b> ANTECEDENT CAUSES DUE TO (b) <b>Fracture of upper 15 ribs</b> DUE TO (c) <b>Crushing wound of chest</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b> <b>68 27</b> <b>25</b>	
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Morley Scott Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-24-49 9:30 am</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Struck by Automobile</b> 100			
22. I hereby certify that I attended the deceased from <b>6/24</b> , 1949, to <b>6/24</b> , 1949, that I last saw the deceased alive on <b>6/24</b> , 1949, and that death occurred at <b>2:55 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. C. Citchlow</b>				23b. ADDRESS <b>M. D. Sikeston, Mo.</b>		23c. DATE SIGNED <b>6/25/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>June 26</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holly Spr. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Holly Springs Miss</b>	
DATE REC'D BY LOCAL REG. <b>June 26 - 49</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred J. Smith 1212 Mand St. Sikeston Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 749-685

Date Filed JUL 6 1949

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.

Signed.....  
Student Embalmer

Signed

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.