

FILED SEP 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27620

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5937 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Washington</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Green Ridge Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rural 7 mi Southeast Green Ridge Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy Ellen</u> b. (Middle) <u>McNutt</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 '49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 10, 1861</u>
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Near Newland - Pettis Co Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Simcoen Sayne</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Green</u>	14. NAME OF HUSBAND OR WIFE <u>Husband Ferdinand McNutt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wally Myers</u> ADDRESS <u>Daughter Green Ridge</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia (R)</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocardial disease</u> <u>331x</u>	
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 <u>Aug 8, 1949</u> to <u>Aug 19, 1949</u> , that I last saw the deceased alive on <u>Aug 17, 1949</u> , and that death occurred at <u>12:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. A. Nite M.D.</u>		23b. ADDRESS <u>Green Ridge, Mo</u>	
23c. DATE SIGNED <u>Aug 20, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 21, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Green Ridge Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-20-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u> ADDRESS <u>251 L. P. Beam Green Ridge Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

RECEIVED AUG 29

District Health Officer No. 8,

District File Number.....

Date Filed 9-1-49

will

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 *L. L. Rame*

Licensed Embalmer No. *1881*

P. O. Address *Green Ridge 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.