FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40151

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: BENTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LINCOLN Cole
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LINCOLN, "RURAL"

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LINCOLN RR 2
d. STREET ADDRESS (If rural, give location): 6 miles S. E. Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) LEROY b. (Middle) "NONE" c. (Last) McNUTT

4. DATE OF DEATH: (Month) (Day) (Year): Dec 13, 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: April 18, 1887
9. AGE (In years last birthday): 62 — If under 1 year: Months 7 Days 25 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gen Store
11. BIRTHPLACE (State or foreign country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Ferdinand McNutt
13b. MOTHER'S MAIDEN NAME: Lucy Ellen Payne
14. NAME OF HUSBAND OR WIFE: Emma A. McNutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Emma A. McNutt — ADDRESS: Lincoln, MO

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteroschlerosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 11 19 49, *to* Dec., 13 19 49, *that I last saw the deceased alive on* Dec., 12 19 49, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eunice Sally DO (Degree or title)
23b. ADDRESS: Warsaw, Mo.
23c. DATE SIGNED: Dec., 13,

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 15, 1949
24c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
24d. LOCATION (City, town, or county) (State): Kelly's Benton County, Mo

DATE REC'D BY LOCAL REG.: Dec 14, 1949
REGISTRAR'S SIGNATURE: E L Erickson 394
25. FUNERAL DIRECTOR'S SIGNATURE: John J Beser — ADDRESS: Lincoln

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer N
District File Number 11-49-
Date Filed 12-22-5

MAR 11 1959

MAR 7 1959

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw, Mo

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.