No. 300
10-48

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

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13884

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4347 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown, Mo
c. LENGTH OF STAY (In this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montg
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Addie
c. (Last): Nutter

4. DATE OF DEATH (Month) (Day) (Year): 4 24 1950

5. SEX: F
6. COLOR OR RACE: W
7. ~~MARRIED~~, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Apr 9 1857
9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days: 16
IF UNDER 24 HRS.: Hours / Min.:

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

13a. FATHER'S NAME: Stephens
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Lloyd Nutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Jim Berry
ADDRESS: Middletown Mo

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Influenza — 1301

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* Apr 14th, 1950, *to* Apr 24th, 1950, *that I last saw the deceased alive on* Apr 24th, 1950, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Hirsch (Degree or title): M.D.
23b. ADDRESS: Middletown Mo
23c. DATE SIGNED: 4-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 25 1950
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county): Middletown
(State): Mo

DATE REC'D BY LOCAL REG.: 4-25-50
REGISTRAR'S SIGNATURE: Zoe F. Chapman 210
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Middletown Mo

(Licensed Embalmer's Statement on Reverse Side)

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 W Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green, 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.