

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17568

State File No. \_\_\_\_\_

FILED MAY 24 1950

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>4337</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. LENGTH OF STAY (in this place) <u>6 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u> <u>0690</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. LOCUST</u>				d. STREET ADDRESS (If rural, give location) <u>E. LOCUST</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA VETURA</u>			b. (Middle) _____			c. (Last) <u>NESBIT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20<sup>th</sup> 1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	
8. DATE OF BIRTH <u>JAN. 14, 1877</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOMEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALEX DOOLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA LA FORCE</u>		14. NAME OF HUSBAND OR WIFE <u>STERLING L. NESBIT</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 Edna Baker</u>		ADDRESS <u>Paris Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with Decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>N.K.</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) _____ m.		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>April 4</u> , 19 <u>50</u> , to <u>May 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>50</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Barnett M.D.</u> (Degree or title)				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>5-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 21 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-20-50</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett</u>		435		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacobs &amp; Block</u> ADDRESS <u>Paris, Mo.</u>	

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

0690

RECEIVED  
MAY 22 1950  
District Health Officer No. 10  
District File Number 5-50-86  
Date Filed .....

**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..... E. H. Agnew .....

Signed.....

Student Embalmer

Licensed Embalmer No. 4000 .....

P. O. Address..... Paris, Missouri .....

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.