

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 277

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 83

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Kansas b. COUNTY Doniphan |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highland 8150                                  |  |
| c. LENGTH OF STAY (in this place) 29 days   |  | d. STREET ADDRESS (If rural, give location) 8   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital                             |  |   |  |

|   |                        |  |   |                                    |                                  |                            |
|---|------------------------|--|---|------------------------------------|----------------------------------|----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Jabez b. (Middle) B. c. (Last) Nuzum                  |                        |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Jan. 20 1951 |                                    |                                  |                            |
| 5. SEX male 0   | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | 8. DATE OF BIRTH June 4, 1866                         | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days      | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer |                        | 10b. KIND OF BUSINESS OR INDUSTRY farm                           | 11. BIRTHPLACE (State or foreign country) Kansas      |                                    | 12. CITIZEN OF WHAT COUNTRY? USA |                            |

|                                  |                                       |   |
|----------------------------------|---------------------------------------|---|
| 13a. FATHER'S NAME Godfrey Nuzum | 13b. MOTHER'S MAIDEN NAME Lydia Bower | 14. NAME OF HUSBAND OR WIFE Laura Nuzum |
|----------------------------------|---------------------------------------|---|

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|--|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give year or date of service) none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>RayNoll Mortuary, Highland, Kansas |
|--|---|---|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 wk<br><br>442X |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic cardiac vascular renal disease<br>DUE TO (c) Senility; Prostatic hypertrophy |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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 1-14, 1951, to 1-20, 1951, that I last saw the deceased alive on 1-20, 1951, and that death occurred at 5:05P m., from the causes and on the date stated above.

|   |                             |                          |
|---|-----------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) Dr. Grant M.D. | 23b. ADDRESS St. Joseph Mo. | 23c. DATE SIGNED 1.23.51 |
|---|-----------------------------|--------------------------|

|   |                   |                                    |   |
|---|-------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5 | 24b. DATE 1/21/51 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Highland Kansas |
|---|-------------------|------------------------------------|---|

|                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| DATE REC'D BY LOCAL REG. Jan 27, 1951 | REGISTRAR'S SIGNATURE Carl E. Casper | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home St. Joseph, Mo. |
|---------------------------------------|--------------------------------------|---|

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

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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 *William Spalding* .....

Licensed Embalmer No. *4535* .....

P. O. Address *319 S. 10<sup>th</sup> St. Joseph, 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.