

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17451

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home in Granby</u>		d. STREET ADDRESS (If rural, give location) <u>Granby, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>JANE</u>	a. (First)	b. (Middle)	c. (Last) <u>Nutman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MARCH 14-1885</u>	9. AGE (In years last birthday) <u>76</u>	if under 1 year Month Day Hours Min.	if under 1 year Month Day Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Hurshie Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Neenan</u>	ADDRESS <u>Granby, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute indigestion</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5442</u>
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22. I hereby certify that I attended the deceased from Apr-30, 1951, to May 1, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Adams MD</u> (Degree or title)	23b. ADDRESS <u>Granby Mo</u>	23c. DATE SIGNED <u>May 3 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pittsburg KANSAS</u>
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DATE REC'D BY LOCAL REG <u>May 3, 1951</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u> 225	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham</u> ADDRESS <u>Maest Neasho</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

730  
1

RECEIVED

District Health Officer No. Newton Co. Health Dept.  
District File Number 551-132  
Date Filed 5/25/51

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.....

HAROLD D. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson  
Student Embalmer

Signed K. G. White

Licensed Embalmer No. 4240

P. O. Address Newport, 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.