

S. No. 300
LV. 10.48

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27735

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY, REG. DIST. NO. 4364 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).
a. STATE Missouri b. COUNTY McDonald

b. CITY OR TOWN Stella, Mo c. LENGTH OF STAY (in this place) 5 days

c. CITY OR TOWN Rural Elkhorn 8600

d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital

d. STREET ADDRESS (If rural, give location) Stella, Mo. R#1

3. NAME OF DECEASED
a. (First) Henry b. (Middle) Vester c. (Last) Nunn

4. DATE OF DEATH (Month) (Day) (Year) Aug. 12 51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Febr. 24 1890

9. AGE (In years last birthday) 61 IF UNDER 1 YEAR 5 Days IF UNDER 1 HR. 19 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Nunn

13b. MOTHER'S MAIDEN NAME Mattie Holmes

14. NAME OF HUSBAND OR WIFE Ella Nunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 500-09-5846

17. INFORMANT'S SIGNATURE OR NAME Ella Nunn ADDRESS Stella, Mo. R#1

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris
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 7 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 4202 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) _____

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 8-10-1951 to 8-12-1951 that I last saw the deceased alive on 8-15-1951, and that death occurred at 1:24 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____

23b. ADDRESS Stella Mo

23c. DATE SIGNED 8-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-15-51

24c. NAME OF CEMETERY OR CREMATORY Granby Cem.

24d. LOCATION (City, town, or county) (State) Granby, Mo

DATE REC'D BY LOCAL REG. 8-15-1951

REGISTRAR'S SIGNATURE Alpha Dyer 369

25. FUNERAL DIRECTOR'S SIGNATURE Wm Marie Pope Wheaton ADDRESS _____

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~851-196~~

District File Number: ~~851-196~~

Date Filed: ~~8/21/51~~

NEOSHO, MISSOURI

SEP 5 1951

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 Wm Morris Rague

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.