

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30682

State File No.

BIRTH NO. 12336-51 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 538

532
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>		
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>10 min</u>	c. CITY OR TOWN <u>Elkland</u>		0200
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		

3. NAME OF DECEASED (Type or Print) <u>Inf son of Mr + Mrs Lee L. Nimmo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>Sept. 17, 1951</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
								<u>10</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Lee L. Nimmo</u>	13b. MOTHER'S MAIDEN NAME <u>Helen M. Graves</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee L. Nimmo</u>	ADDRESS <u>Elkland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</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.		<u>776X</u>

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?
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22. I hereby certify that I attended the deceased from 9-17-1951, to 9-17-1951, that I last saw the deceased alive on 9-17-1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B B Hurst M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>9-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. Lee Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>near Charity Laclede Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-18-1951</u>	REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>no funeral Director</u>	ADDRESS
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Received SEP 22 1951
Laclede County Health Unit
File No. 7-51-131
Date Filed SEP 25 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.....

No Embalming
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Dorsey M. Howe*
.....

Licensed Embalmer No. *4222*
.....

P. O. Address *Lebanon, Mo*
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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.