

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31117

State File No.

FILED SEP 17 1951

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Paluski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Waynesville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3918	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Waynesville General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>642 East 73rd Terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>J</u> c. (Last) <u>NETTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 22 1897</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner—Music Service Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>1</u>		13a. FATHER'S NAME <u>Mark Nettle</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Lotell</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Nettle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>499-07-6494</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jennie Nettle</u> ADDRESS <u>642 East 73rd Terrace</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>acute coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 4 hr</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 REMEMBERED BY THE DECEASED 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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8/25, 1951</u> to <u>8/26, 1951</u> , that I last saw the deceased alive on <u>8/26, 1951</u> , and that death occurred at <u>5:35 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Wilson</u> (Degree or title) _____				23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>9/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 29 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-11-51</u>		REGISTRAR'S SIGNATURE <u>Paula Gray Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight T. Dobson</u>		ADDRESS <u>20 West Linwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1951

OCT 16 1953

RECEIVED 9-11-51
Pulaski County Health Officer
File Number 9-15-51
Date Filled

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

C. E. Moss

Student Embalmer No. *432*

working under my personal supervision.

Student *Clarence E. Moss*
Student Embalmer

Signed *Walter P. Hedger*

Licensed Embalmer No. *4265*

P. O. Address *Heris, 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.