No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31151

FILED SEP 19 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: RANDOLPH
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOBERLY
c. LENGTH OF STAY (In this place): 2 DA.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WOODLAND HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS 0690
d. STREET ADDRESS (If rural, give location): RUBEY ST. 1

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ROBERTSON
c. (Last): McNUTT

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 9, 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: AUG. 17, 1927
9. AGE (In years last birthday): 24 — If under 1 year: Months: 0, Days: 22 — If under 24 hrs.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: IN COLLEGE
11. BIRTHPLACE (State or foreign country): ARK.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JAS. W. McNUTT
13b. MOTHER'S MAIDEN NAME: MAMIE DUCKWALL
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): 1945 - 1946
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: JAS. W. McNUTT — ADDRESS: PARIS, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Perforated acute appendicitis — 2 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 5501

19a. DATE OF OPERATION: 9/8/51
19b. MAJOR FINDINGS OF OPERATION: Pelvic abscess and generalized peritonitis
20. AUTOPSY? 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) m.:
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* 9/8/51, 1951, *to* 9/9, 1951, *that I last saw the deceased alive on* 9/9, 1951, *and that death occurred at* 10 45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: James E. Campbell — (Degree or title): M.D.
23b. ADDRESS: MOBERLY, MO.
23c. DATE SIGNED: 9/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-11-51
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: 9-11-51
REGISTRAR'S SIGNATURE: Leah Williams 269
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Speed & Blakey, PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 10

Date Received: SEP 1 7 195

DISTRICT HEALTH OFFICE #

District File Number 9-51-

Date Filed: SEP 1 7 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.