

FILED OCT 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33111

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Malden		c. CITY (If outside corporate limits, write RURAL and give township) Malden	
c. LENGTH OF STAY (In this place) 48 yrs.		d. STREET ADDRESS (If rural, give location) 105 N. Taylor	
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 N. Taylor			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edgar c. (Last) Nanney			4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 22, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sec. Rail Worker			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 James Nanney		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Edna Vincent N. Taylor, Malden, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Bronchopneumonia, Sclerotic		3 days	
		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"/>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6 Sept**, 19**51**, to **4 Oct**, 19**51**, that I last saw the deceased alive on **3 Oct**, 19**51**, and that death occurred at **4:55 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles L. Williams M.D.		23b. ADDRESS Malden, Mo.		23c. DATE SIGNED 5 Oct 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Parl Cemetery Malden, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 10/19/51		REGISTRAR'S SIGNATURE J. W. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Landess Funeral Home, Campbell, Mo.			

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-15-51
COUNTY FILE NUMBER 1051-274

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 _____

E. W. Anderson

Licensed Embalmer No. 2289

P. O. Address _____

Campbell 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.