

No. 3021
10. 48

FILED JAN 1952

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

425896
State File No. _____

BIRTH NO. 87099-57 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3057 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> d. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Approx 3 miles N. of Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Nanneman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 13-1951</u>	9. AGE (In years) (Month) (Day) (Year) last birthday <u>-</u> <u>4</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Moberly Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ernest John Nanneman</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>Ernest John Nanneman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest John Nanneman</u>	ADDRESS <u>Salisbury 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>antenatal</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis Fetalis</u>		
	ANTECEDENT CAUSES Morbidity 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.			

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) <u>Moberly Randolph Missouri</u>
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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?
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22. I hereby certify that I attended the deceased from 15 Dec, 1951, to 17 Dec, 1951, that I last saw the deceased alive on 17 Dec, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W D Chute M.D.</u>	23b. ADDRESS <u>208 1/2 N. 4th Moberly Mo</u>	23c. DATE SIGNED <u>18 Dec 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 17-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 17-51</u>	REGISTRAR'S SIGNATURE <u>Leah Thacker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W Winkelmeyer</u>	ADDRESS <u>Salisbury, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 2
DISTRICT HEALTH OFFICE #
District File Number 1-5-2
Date Filed: JAN 5 195

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

Not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Chas B. Winkehnup*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Md*

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.