S. No. 300
Rev. 10.49

0361

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

FILED AUG 26 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27659

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 40

1. PLACE OF DEATH

a. COUNTY: FRANKLIN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: SULLIVAN

c. LENGTH OF STAY (In this place): 2yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: FRANKLIN

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: SULLIVAN 0361

d. STREET ADDRESS (If rural, give location): 334 WATSON D

3. NAME OF DECEASED (Type or Print)

a. (First): ELLEN b. (Middle): MARIE c. (Last): NUGENT

4. DATE OF DEATH (Month) (Day) (Year): AUG 22 1952

5. SEX: FEMALE

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 25, 1885

9. AGE (In years last birthday): 67 | If under 1 year: Months 6 Days 27 | If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): SUTTON VALENCE ENGLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LEWIS APTHORPE

13b. MOTHER'S MAIDEN NAME: JULIA ELLEN HODSON

14. NAME OF HUSBAND OR WIFE: JOHN NUGENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: REBA MATTOX ADDRESS: SULLIVAN, MO

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): found dead ~~in bed~~

DUE TO (c): on porch

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): nil

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sullivan Franklin Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): nil m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: nil

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4 A. m., from the causes and on the date stated above.*

23a. SIGNATURE: Thos. P. Shoffner (Degree or title) Coroner

23b. ADDRESS: Sullivan Mo

23c. DATE SIGNED: 8/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 8/24/52

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY

24d. LOCATION (City, town, or county) (State): SULLIVAN Mo.

DATE REC'D BY LOCAL REG.: 8-25-52

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE: H. Meaton ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1953

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: Edgar W Lafleur

Licensed Embalmer No. 3394

P. O. Address Sullivan Me

Signed.....
Student Embalmer

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.