

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

758

State File No.

FILED JAN 10 1953

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 8

2264
 0

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>3 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Atterville Rural Atterville</u>	
d. STREET ADDRESS <u>0270</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>EMMETT</u> c. (Last) <u>NUNN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1953</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>Oct 1, 1876</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S M maiden NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Mae Nunn</u>			
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>5411</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Stett</u>		ADDRESS <u>404 Gordon Jefferson City</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 fibulation</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal ulcer & perforation many years & hemorrhage & obstruction</u>	
19a. DATE OF OPERATION <u>Jan 3-1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Duodenal ulcer & perforation with hemorrhage & obstruction</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) <u>Atterville</u> (COUNTY) _____ (STATE) _____			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/3, 1953</u> , to <u>1/7, 1953</u> , that I last saw the deceased alive on <u>1/7, 1953</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Louis P. Sugraber, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>	
23c. DATE SIGNED <u>1/8/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 9, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>MR Hays - Painter</u>		ADDRESS <u>Atterville, Mo</u>	

1961 8 14/11

1961 8 14/11

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

Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Atterville, 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.