

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22562**

300
48
FILED JUL 19 1953

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Randolph b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Moberly c. LENGTH OF STAY (In this case) 6 Days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McComick Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Highlee d. STREET ADDRESS (If rural, give location) RFD #1	
3. NAME OF DECEASED (Type or Print) ROBERT LEO NUNNALLEE a. (First) ROBERT b. (Middle) LEO c. (Last) NUNNALLEE		4. DATE OF DEATH (Month) (Day) (Year) July - 9 - 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov - 9 - 1921
9. AGE (In years) (Months) (Days) (Hours) (Min.) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and State or Foreign Country) Warrn Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter S. Nunnallee		13b. MOTHER'S MAIDEN NAME Nora Harrison	
14. NAME OF HUSBAND OR WIFE Ruth Nunnallee		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War #2	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Nunnallee Highlee MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot wound Wrinky bladder and lower abdomen cavity DUE TO (c) cavity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 7-4-53	
19a. DATE OF OPERATION 7-5-53		19b. MAJOR FINDINGS OF OPERATION bullet whole in bladder	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. DATE OF OPERATION 9190 00 19	
21a. ACCIDENT (Specify) HOMICIDE Acc. homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Monateau sup Randolph MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-4-53 8Pm	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gunshot bullet ricochet from rock	
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 9:00 Am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. S. Jolly M.D. coroner		23b. ADDRESS 203 1/2 McCluck Moberly	
23c. DATE SIGNED 7-11-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July-13-53		24c. NAME OF CEMETERY OR CREMATORY Kalband Cemetery	
24d. LOCATION (City, town, or county) (State): Moberly MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Snow Funeral Home Moberly MO	
DATE REC'D BY LOCAL REG. 7-13-53		REGISTRAR'S SIGNATURE W. J. Snow	

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

83
0

JUL 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. A. Carter

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.