

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41890**

FILED NOV 17 1953

BIRTH NO.		REG. DIST. NO. <b>360</b>	PRIMARY REG. DIST. NO. <b>3076</b>	Registrar's No. <b>765</b>
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Vernon</b> <b>1082</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Town Nevada,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Town Nevada</b> <b>0</b>		
c. LENGTH OF STAY (In this place) <b>48 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1407 East Ashland St.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>830 W. Hunter St.</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Walter</b>	b. (Middle) <b>Woodson</b>	c. (Last) <b>Nunn</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>II/8/53</b>				
5. SEX <b>male</b> <b>0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 6/1884</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>69 9 2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yard Master</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pacific</b>		11. BIRTHPLACE (State or foreign country) <b>East Lynn, Mo.</b> <b>0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>John C. Nunn</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Combs</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Nunn</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>702-18-5247</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Morris Nunn, Nevada, Mo.</b>
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) <b>Right hemiplegia, severe</b>  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. <b>Arteriosclerosis. Coronary disease</b>		
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) <b>334 X</b>
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 <b>July</b> , 19 <b>49</b> , to <b>Nov. 8</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Nov. 7</b> , 19 <b>53</b> , and that death occurred at <b>2:30Am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Rolla B. Wray, M.D.</b>		23b. ADDRESS <b>Moore Building, Nevada, Mo.</b>		23c. DATE SIGNED <b>Nov. 9, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>II/10/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo.</b>
DATE REC'D BY LOCAL REG. <b>11-13-53</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b> <b>451</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eichinger Funeral Home, Nevada, Mo.</b>

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

NOV 17 1955

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 Perry F. Melster

Licensed Embalmer No. 4803

P. O. Address Nevada, 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.