

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9489

State File No. ....

FILED APR 6 1954

BIRTH NO. .... REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI.</b> b. COUNTY <b>NEW MADRID.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>PARMA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PARMA</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>NESBITT</b> c. (Last) <b>NESBITT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH-2-54</b>
5. SEX <b>M.?</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 3, 1881</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HABER.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>MISS.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>NEILSON NESBITT.</b>		13b. MOTHER'S MAIDEN NAME <b>Wmks.</b>	
14. NAME OF HUSBAND OR WIFE <b>ADAM NESBITT.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>SPENCER NESBITT,</b>		ADDRESS <b>211 BORN</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decomp</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4343</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Feb 13, 1954</b> to <b>Mar 2, 1954</b> , that I last saw the deceased alive on <b>Feb 24, 1954</b> , and that death occurred at <b>4:20 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. Floyd Husted M.D.</b>		23b. ADDRESS <b>Parma Mo.</b>	
23c. DATE SIGNED <b>3/9/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>MARCH-7-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>DAMMONS PARK</b>		24d. LOCATION (City, town, or county) (State) <b>PARMA, MO.</b>	
DATE REC'D BY LOCAL REG. <b>3/9/54</b>		REGISTRAR'S SIGNATURE <b>Dr. Floyd Husted U217</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Shuck</b>		ADDRESS <b>New Madrid</b>	

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

**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 Tommy G. Roberts.....

Licensed Embalmer No. 4888

P. O. Address New Mexico.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.