

FILED AUG 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. **22349**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 285

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau, Mo</u> | | c. CITY OR TOWN <u>Matthews, Mo</u> | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>10 days</u> | | e. STREET ADDRESS (If rural, give location) <u>R#3 Matthews, Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Hospt Cape Girardeau</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Nunn</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 20 1954</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>C</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>7/8/79</u> |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u> | IF UNDER 12 HRS. Hours <u>12</u> Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn</u> |
| | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Oscar Nunn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>X</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Nunn R#3 Matthews, Mo</u> ADDRESS _____ | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uræmia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Chr Nephrotis</u> | | <u>1 yr -</u> | |
| | | DUE TO (c) <u>Urthral structures</u> | | <u>?</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Prostatic obstruction</u> | | <u>?</u> | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>7-12-54</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy - 610 X</u> | | 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) _____ | | 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 7-12, 1954, to 7-20, 1954, that I last saw the deceased alive on 7-20, 1954, and that death occurred at 3 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Paul B. Nussbaum</u> (Degree or title) _____ | | 23b. ADDRESS <u>Cape Girardeau, Mo</u> | | 23c. DATE SIGNED <u>7-24-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>7/23/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trenton Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Trenton Tennessee</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>7-28-54</u> | | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | | EMERALD DIRECTOR'S SIGNATURE <u>W. H. Jones</u> ADDRESS _____ | |
|---|--|--|--|---|--|

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.....
Signature of Student Embalmer

Signed *John Allerton*

Licensed Embalmer No. *294*

P. O. Address *Peperston*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

John Allerton