

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36508

State File No.

FILED DEC 7 1954 REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, LORANCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, LORANCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR LEOPOLD</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR LEOPOLD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>NENNINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7-29-1875</u>
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>3</u>	11. DAYS <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER CO. MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES NENNINGER</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELMER V. NENNINGER</u> ADDRESS <u>LEOPOLD, MO.</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>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
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 <u>Oct 10</u> , 19 <u>50</u> , to <u>Nov 28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>54</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Emmett L. Price</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Leopold, Mo.</u>	
23c. DATE SIGNED <u>11-29-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>LEOPOLD, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIE WALTER BAKER</u> ADDRESS <u>BAKER FUNERAL HOME, LUTESVILLE, MO.</u>	
DATE REC'D BY LOCAL BEG. <u>Dec 2 54</u>		REGISTRAR'S SIGNATURE <u>25-0</u>	

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.