

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21817

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>693</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u>)		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1918 South Hampton</u>				e. STREET ADDRESS (If rural, give location) <u>1918 South Hampton</u> 03960			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>NUNNALLY</u> c. (Last) <u>KIRKHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 7 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 26, 1863</u>	
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin Nunnally</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Garber</u>		14. NAME OF HUSBAND OR WIFE _____		
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>George Kirkham, 921 E Delmar</u> ADDRESS <u>Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Chronic Myocarditis</u> ANTECEDENT CAUSES <u>2. Acute Glaucoma -</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>3. General Senility</u> 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 _____				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) <u>Springfield, Greene, Mo.</u>			
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? <u>4222</u>			
22. I hereby certify that I attended the deceased from <u>7-19-55</u> to <u>8-7</u> , 1955, that I last saw the deceased alive on <u>8-1-55</u> , 1955, and that death occurred at <u>11:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul O. Upshaw, M.D.</u> (If degree or title)				23b. ADDRESS <u>Medical Arts Bldg. Springfield, Mo.</u>		23c. DATE SIGNED <u>8-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berryville, Arkansas</u>	
DATE RECD BY LOCAL REG. <u>8/9/55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u> ADDRESS <u>Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Upshaw
med arts

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..... Bernard F. Wray

Licensed Embalmer No. 42

P. O. Address Spring

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.