

FILED AUG 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 191

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4370		Registrar's No. 191	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont Mo</u>		c. LENGTH OF STAY (in this place) <u>6 mo.</u>		c. CITY OR TOWN <u>Parnett Mo</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>Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>no streets address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Moses</u>		b. (Middle) <u>Earl</u>		c. (Last) <u>Nabby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec 20 - 1881</u>	
9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Orlando H Nabby</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Burriss</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Knowles</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>491-28-0818</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norval Nabby Parnett 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart failure</u>				<u>1 month.</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4341</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>May 5 1955</u> , to <u>July 20 1955</u> , that I last saw the deceased alive on <u>July 19, 1955</u> , and that death occurred at <u>4:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <u>Donald M. Hayes, D.O.</u>				23b. ADDRESS <u>Elmo, Missouri</u>		23c. DATE SIGNED <u>7/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parnett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-20 55</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10.48

0740

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant B.

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.