

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27159

State File No. ....

FILED AUG 19 1955

BIRTH NO. 46359-55 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3051 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Perry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (in this place) <u>10 hr.</u>	c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>			f. STREET ADDRESS (If rural, give location) <u>07910</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) _____ c. (Last) <u>Nesslein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>July 27, 1955</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME <u>Cletus Nesslein</u>	13b. MOTHER'S MAIDEN NAME <u>Cleta Huber</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cletus Nesslein</u> ADDRESS <u>Perryville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxian</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature</u> DUE TO (c) <u>6 months gestation</u>		
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>7625</u>
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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? _____
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22. I hereby certify that I attended the deceased from July 27, 1955 to July 28, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. A. Carron MD</u>	23b. ADDRESS <u>Perryville Mo</u>	23c. DATE SIGNED <u>7-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-24-55</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zellner 2500</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young &amp; Sons Perryville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

P. 300  
P. 48

*This Body Was not Embalmed*

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 *Edward C. Young*.....

Licensed Embalmer No. *31*.....

P. O. Address *Peruville*.....

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.