

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3752

State File No.

FILED MAR 5 1956

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY OR TOWN <u>Lamar</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 days</u>		e. STREET ADDRESS (If rural, give location) <u>405 West 13th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u>	b. (Middle) <u>ENYART</u>	c. (Last) <u>NUNNS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1956</u>
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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>Dec. 5, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy Sheriff, Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>County Deputy Sheriff</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William T. Nunns</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Enyart</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Ellen Nunns</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Robinson</u>	ADDRESS <u>Lamar, 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>2 1/2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old age</u>			

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) <u>Lamar</u> (COUNTY) <u>Barton</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 23, 1956, to Feb 25, 1956, that I last saw the deceased alive on Feb 25, 1956, and that death occurred at 7 1/2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. A. Green</u>	(Degree or title) _____	23b. ADDRESS <u>Lamar</u>	23c. DATE SIGNED <u>Feb 25</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morehead Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>FEB 28 1956</u>	REGISTRAR'S SIGNATURE <u>Masie Kanarb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u>	ADDRESS <u>Lamar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Charles W. Chiles*.....

Licensed Embalmer No. *34*.....

P. O. Address *June 7*.....

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.