

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15973

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>4180</u>		Registrar's No. <u>98</u>			
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DUNKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAMPBELL</u>		c. LENGTH OF STAY (In this place) <u>5 MOS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		0 35 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEN. BAPTIST REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>602 PARK ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEX</u>		b. (Middle) <u>MARIM</u>		c. (Last) <u>NUNNERY SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15, 1956</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>Nov-1, 1882</u>			
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER, RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DENTON, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM NUNNERY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH PRIMM</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EARL NUNNERY FLINT</u>		ADDRESS <u>MICH.</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>Hypertensive Pneumonia-Terminal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertensive Cardio-vascular disease</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 <u>5 days</u> <u>? years.</u>	
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>443x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>12/10</u> , 19 <u>55</u> , to <u>5/15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wallace Selsey M.D.</u>				23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>5/21/56.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mrs BREW</u>		24d. LOCATION (City, town, or county) (State) <u>SENATH - MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>6-22-56</u>		REGISTRAR'S SIGNATURE <u>Miss Beulah Baldwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baldwin Funeral Service Inc.</u>		ADDRESS <u>KENNETT, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DISTRICT COUNTY HEALTH
DEPARTMENT
DEPARTMENT 5-29-56
COUNTY FILE NUMBER
COUNTY FILE NUMBER 56-1

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 *Lynn R. Cummings*

Licensed Embalmer No. *4969*

P. O. Address *Fennett, Me*

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.