

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19255

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 85		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital				e. STREET ADDRESS (If rural, give location) about 4 miles north Slater, Mo.				
3. NAME OF DECEASED (Type or Print)			a. (First) Charles		b. (Middle) Ross		c. (Last) Nunn	
4. DATE OF DEATH		(Month) May		(Day) 22		(Year) 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 10, 1872		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 7 Days 12		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Poultry		11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George W. Nunn			13b. MOTHER'S MAIDEN NAME Victoria Kirkpatrick			14. NAME OF HUSBAND OR WIFE Catherine Nunn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Nunn Rm#3 Slater, Missouri				
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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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.					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)		21d. HOW DID INJURY OCCUR?		
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"/>						
22. I hereby certify that I attended the deceased from May 4, 1956 , to May 22, 1956 , that I last saw the deceased alive on May 22, 1956 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) James A. Reed M.D.				23b. ADDRESS Marshall Mo		23c. DATE SIGNED 5-21-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Pilot Grove		24d. LOCATION (City, town, or county) (State) Pilot Grove, Missouri		
DATE REC'D BY LOCAL REG. 5-28-56		REGISTRAR'S SIGNATURE Carl G. Reed		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Haines, Jr. Slater, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Walter J. Heimerl*
Licensed Embalmer No. *458*

P. O. Address *Altoona, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.