

THE STATE OF MISSOURI
FILED DEC 7 - 1956 STANDARD CERTIFICATE OF DEATH

36978

State File No.

BIRTH NO. ... REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5050 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Cowley	
b. CITY (If outside corporate limits, write RURAL and give town) Rural (Mineral Twp)		c. CITY OR TOWN Arkansas City	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)		e. STREET ADDRESS (If rural, give location) 8 N 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) IVES c. (Last) NESBITT		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 29, 1872
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 8 Days 3	IF UNDER 24 HRS. Hours 3 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Bennett Nesbitt	13b. MOTHER'S MAIDEN NAME Unknown Shinn	14. NAME OF HUSBAND OR WIFE Lulu Peters Nesbitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Willie Stille-Cassville, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		3 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		2 years
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"/>
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) 4201
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 Nov 4, 1956, to Nov 4, 1956, that I last saw the deceased alive on Nov 4, 1956, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Purpus	(Degree or title) Dr.	23b. ADDRESS Do 7 Cassville, Mo.	23c. DATE SIGNED 11/9/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-5-1956	24c. NAME OF CEMETERY OR CREMATORY Arkansas City Cem.	24d. LOCATION (City, town, or county) (State) Arkansas City, Kansas

DATE REC'D BY LOCAL REG. 11-10-56	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Paul D. ...	ADDRESS Culver's Funeral Home-Cassville,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1256-195

DATE REC. 12-1-56

DEC 7 1956
DEC 1 1956

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 Paul D. Herbert.....

Licensed Embalmer No. 457.....

P. O. Address Cassville.....

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.