

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-009302
STATE FILE NUMBERRegistration District No. 77 Primary Registration District No. 3016 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bluffton, Mo. 0700		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 513 Monroe St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) --		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emma Middle Last Nunelly			4. DATE OF DEATH Month March Day 26 Year 1958		
5. SEX Female 3	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 4 Day 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bluffton, Mo. 7		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Clice		13b. MOTHER'S MAIDEN NAME Susan Johnson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Boyd Nunelly 513 Monroe St., JCMO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) apoplexy					INTERVAL BETWEEN ONSET AND DEATH March 22-25
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) anemia and debility					
DUE TO (c) senility					334X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from March 22, 1958 to March 25 and last saw her ^{him} alive on March 25, 1958 Death occurred at 3.20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. Richardson, M.D. 0			22b. ADDRESS 421 Lafayette Jefferson City		22c. DATE SIGNED 3-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	March 28 '58	Nunelly Cemetery		Bluffton, Mo.	
24. FUNERAL DIRECTOR Baker Funeral Home Americus Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 27 March 1958	26. REGISTRAR'S SIGNATURE R. R. Harris MD-MR.	

(Licensed Embalmer's Statement on Reverse Side)
Read-Care City 29 Nov 1958

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

11th,
before
public
office10
57

All diseases in Part I must be causally related.

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 *D. B. Baker*
D. B. Baker

Licensed Embalmer No. 3375
P. O. Address Americus, Mo.

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.