

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025544

STATE FILE NUMBER

FILED AUG 8 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3570

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2800 E. 10th</i>		Length of stay in lb <i>14 years</i>	d. STREET ADDRESS (If outside, give location) <i>1638 Berrington</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Catherine</i> Middle <i>Priscilla</i> Last <i>Nerrell</i>			4. DATE OF DEATH Month <i>July</i> Day <i>21</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 17, 1866</i>	9. AGE (In years last birthday) <i>92</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (City and state or country) <i>Maryville Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Mast</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Brown</i>		14. NAME OF HUSBAND OR WIFE <i>George Nerrell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Arthur L. Browning, K. C. Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Unknown</i>		INTERVAL BETWEEN ONSET AND DEATH <i>two days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>acute Hepatitis</i>	
	DUE TO (c) <i>acute bronchitis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <i>apoplexy - 1957</i>		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.)	
20c. TIME OF INJURY Hour <i>1:15</i> Month <i>July</i> Day <i>21</i> Year <i>1958</i> a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <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 *1956* to *July 21, 1958* and last saw her alive on *July 21, 1958*
Death occurred at *1:15 P.M.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Glenn W. Springer, D.O.</i>	22b. ADDRESS <i>5902 St John Ave. Kansas City, Mo.</i>	22c. DATE SIGNED <i>7-21-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>7-22-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	23d. LOCATION (City, town, or county) (State) <i>Fort Scott, Kansas</i>
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24. FUNERAL DIRECTOR <i>Cheney Mortuary, Fort Scott, Kan.</i>	ADDRESS <i>Fort Scott, Kan.</i>	25. DATE RECD. BY LOCAL REG. <i>7-23-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

Glenn W. Springer

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 8 1968

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1-3458

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 *John R. Simon*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.