

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022216

FILED JUN 19 1959 Registration District No. 218 Primary Registration District No. 5789 STATE FILE NUMBER Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death.) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anniston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Anniston 670 6
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 54 Yrs	d. STREET ADDRESS (If outside, give location) Anniston, Mo.
3. NAME OF DECEASED (Type or print) First Middle Last Wm. Otha Nunn			4. DATE OF DEATH Month Day Year May 28, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 31, 1905
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Elevator Workman		10b. KIND OF BUSINESS OR INDUSTRY Grain	11. BIRTHPLACE (City and state or country) Anniston, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bryant Nunn	
13b. MOTHER'S MAIDEN NAME Necie Williams		14. NAME OF HUSBAND OR WIFE Gertie Nunn	
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. 498-10-0257	17. INFORMANT Address Gertie Nunn Anniston, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 Month, Day, Year 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 May 28 to _____ and last saw her/him at death in Anniston Death occurred at 5/28/59 12:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. O. Nunn		22b. ADDRESS East Prairie, Mo.	22c. DATE SIGNED 6/1/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/31/59	23c. NAME OF CEMETERY OR CREMATORY Wo..O..W..	23d. LOCATION (City, town, or county) (State) East Prairie, Mo.
24. FUNERAL DIRECTOR Mc Mickle East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 6-16-59	26. REGISTRAR'S SIGNATURE Gertrude A. Harper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

8481 6 7 700

Date Filed 6-19-53

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 *Edna McPherson*

Licensed Embalmer No. *4695*

P. O. Address *Chickasha, Okla.*

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.