

MURDER DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039323

FILED VS DEC 2 1959

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nixa		Length of stay in 1b 5 years	c. CITY OR TOWN Nixa		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) no street address	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle B. Last NOTTINGHAM			4. DATE OF DEATH November 22, 1959 Month November Day 22 Year 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 June 11, 1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months 46 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cheesemaker	11. BIRTHPLACE (City and state or country) Dunnegan, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Dorothy Itress Little	
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. 494200079	17. INFORMANT Mrs. Itress Nottingham, Nixa, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxemia DUE TO (c) Nephritis					INTERVAL BETWEEN ONSET AND DEATH 12 hrs. Two weeks unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of stomach				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 8:20 a.m. p.m. Month, Day, Year	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 10-21-59 to 11-22-59 and last saw him alive on 11-22-59 Death occurred at 8:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) Harold Shaffer DO.			22b. ADDRESS Nixa, Mo.		22c. DATE SIGNED 11-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/27/1959	23c. NAME OF CEMETERY OR CREMATORY Dunnegan Cemetery	23d. LOCATION (City, town, or county) (State) Dunnegan, Missouri		
24. FUNERAL DIRECTOR Jean Harris, ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 28, 1959	26. REGISTRAR'S SIGNATURE Oline Huetter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Jean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, N.C.

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