

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040827

FILED VS DEC 10 1959

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 137

ENDED

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|--|--|---|--|---|--|---|---|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Laurence Co.</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RESTAUNT MO. RFD #1</u> | | Length of stay in 1b <u>7 days</u> | | c. CITY OR TOWN <u>Marionville</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESTAUNT MO. Crestview Rest Home</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>201 O'Dell St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Minnie Ellen Nunson</u> | | | | 4. DATE OF DEATH Month Day Year <u>December 1, 1959</u> | | | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>8-18-1888</u> | | 9. AGE (last birthday) <u>77</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u> | | IF UNDER 24 HR Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u> | | 11. BIRTHPLACE (City and state or country) <u>Marionville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A.</u> | | | | | |
| 13a. FATHER'S NAME <u>John Brown</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Basiter</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Adolph Nunson</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT Address <u>Ruby Todd, Aurora, Missouri.</u> | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Emorrhage Cerebral, massive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, cerebral.</u> DUE TO (c) <u>Arteriosclerosis, generalized.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, secondary</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>2 years</u> <u>1 1/2 years</u> | | | |
| 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.) <u></u> | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u></u> | | 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.) <u></u> | | 20f. CITY, TOWN, OR LOCATION <u></u> | | COUNTY <u></u> | | STATE <u></u> | | | |
| 21. I attended the deceased from <u>May 1, 1955</u> to <u>December 1, 1959</u> and saw her alive on <u>November 31, 1959</u> Death occurred at <u>Dec 1st 1959</u> <u>6 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE <u>Hannett L. Keagy M.D.</u> (Degree or title) | | | | | | 22b. ADDRESS <u>Aurora, Mo.</u> | | | 22c. DATE SIGNED <u>Dec 3, 1959</u> | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec. 3, 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Bradfield Cemetery</u> | | | 23d. LOCATION (City, town, or county) (State) <u>S of Marionville, Mo.</u> | | | | | | |
| 24. FUNERAL DIRECTOR <u>J. B. Duridge</u> ADDRESS <u>Marionville, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Dec 6 - 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>H.L. Hannett</u> | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 11 1959

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 William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marionville

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.