

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

15-11-60-027801

FILED VS
INDEXED

Registration District No. 267 Primary Registration District No. 4400 Registrar's No. 118

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <i>Mo</i> b. COUNTY <i>Pemiscot</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bragg City Mo.</i>		Length of stay in lb <i>189ms</i>	c. CITY OR TOWN <i>Bragg City Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>Anna</i> Middle <i>Eunice</i> Last <i>Nethery</i>			4. DATE OF DEATH Month <i>July</i> Day <i>1</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-25-1886</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
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		11. BIRTHPLACE (City and state or country) <i>Tennessee</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Will. Blidsoe</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Lucy Williams</i>	
14. NAME OF HUSBAND OR WIFE <i>James E. Nethery</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>Ma. H. L. McClanahan</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>Cancer Large & Small Intestine</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3-25-60</i>	
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) <i>Diabetes Mellitus - 10 years</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 <i>3-25-1960</i> to <i>July 1-1960</i> and last saw her alive on <i>6-29-60</i> Death occurred at <i>7-1-1960 10:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Paul Blawie M.D.</i>			22b. ADDRESS <i>Kennett Mo.</i>		22c. DATE SIGNED <i>7-2-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-2-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge Cem. Kennett Mo.</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Lantz Funeral Home - Kennett Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7-9-1960</i>		26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 15 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

Edward Lee Ford

Licensed Embalmer No. 4433

P.O. Address Pennington

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.