

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002251

FILED VS FEB 8 1961

Register District No. 209 Primary Registration District No. 3043 Registrar's No. 39

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b 1 Day	c. CITY OR TOWN Near Hunnewell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 Miles S. Hunnewell
3. NAME OF DECEASED (Type or print) First Middle Last John William Nesbit			4. DATE OF DEATH Month Day Year January 27, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/19/1931
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 3 Days 8	IF UNDER 24 HR Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Monroe Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John Walker Nesbit	
13b. MOTHER'S MAIDEN NAME Emma Short		14. NAME OF HUSBAND OR WIFE Ruth Nesbit, (dece)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Garold Nesbit, Monroe City, 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) Alumina			INTERVAL BETWEEN ONSET AND DEATH 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterial obstruction			6 mo
DUE TO (c) Carcinoma of prostate			4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I (a)			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 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 only 1 day - Jan 26-27 to Jan 26-27 and last saw her/him alive on Jan 26-27 Death occurred at 12:20 AM. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.R. [Signature]</i> (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/29/1961	23c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery	23d. LOCATION (City, town, or county) (State) Monroe City, Missouri.
24. FUNERAL DIRECTOR H arold Garner, Monroe City Mo.		25. DATE RECD. BY LOCAL REG. 2/1/61	26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke by Lillian M. Herman</i>

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 Harold Darnall

Licensed Embalmer No. 3720

P. O. Address Moore 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.