

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012888

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 87

FILED APR 18 1961

1. PLACE OF DEATH
 a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Auxvasse Twp Length of stay in 1b 24 Yrs

c. CITY OR TOWN Williamsburg Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No d. STREET ADDRESS (If outside, give location) R.F.D.# 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Carl Middle Dyson Last Nunnelly 4. DATE OF DEATH Month April Day 7 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/2/1892 9. AGE (last birthday) 69 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Callaway County, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William T. Nunnelly 13b. MOTHER'S MAIDEN NAME Avilda Dyson 14. NAME OF HUSBAND OR WIFE Eunice Leola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 17. INFORMANT Mrs. Carl D. Nunnelly Williamsburg Address Williamsburg Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute coronary occlusion
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
 DUE TO (c) Arteriosclerosis
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 3-31-60 to 4-7-61 and last saw him alive on 11-14-60
 Death occurred at while sleeping m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl B. Cray MD 22b. ADDRESS 303 W. McCarty Joff City Mo 22c. DATE SIGNED 4-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr. 9, 1961 23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery 23d. LOCATION (City, town, or county) (State) Readville Mo

24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. April 10-1961 26. REGISTRAR'S SIGNATURE Maretha Lawrence

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Denzil E Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Md

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.