U.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4024

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (in this place) 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff 0123
d. STREET ADDRESS (If rural, give location) 216 So. E. St.

3. NAME OF DECEASED (Type or Print)
a. (First) Louis
b. (Middle)
c. (Last) Nunn

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) '50

5. SEX Female
6. COLOR OR RACE C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1880
9. AGE (In years last birthday) 70
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Woodruff County Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sam Martin
13b. MOTHER'S MAIDEN NAME Amanda Anthony
14. NAME OF HUSBAND OR WIFE John Nunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Nunn Poplar Bluff Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis. 4 & 21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Jan 19 50 *to* 2 Mar, 1950, *that I last saw the deceased alive on* 2 Mar, 1950, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Cyrl A. Rost (Degree or title) M.D.
23b. ADDRESS Poplar Bluff, Mo
23c. DATE SIGNED 6 Mar 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-4-50
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) Butler (State) Mo.

DATE REC'D BY LOCAL REG. Mar. 6 1950
REGISTRAR'S SIGNATURE Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE R. J. B. Rice ADDRESS Poplar Bluff Mo
(Licensed Embalmer's Statement on Reverse Side) 1206 Alice St

MAR 9 1950

MAR 13 1950

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 .....
Student Embalmer

Signed Thomas W. Green

Licensed Embalmer No. 3965

P. O. Address Topeka, Kansas

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 this body is not embalmed, fact should be so stated above.