

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12815

State File No.

1434

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1434

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
c. LENGTH OF STAY (In this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>East Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNARD</u>		b. (Middle) <u>S.</u>	
		c. (Last) <u>ALNUFT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-22-1880</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Manager</u>	11. BIRTHPLACE (State or foreign country) <u>Excelsior Springs, Mo.</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Byron Alnutt</u>		13b. MOTHER'S MAIDEN NAME <u>Dannie Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Meda Alnutt</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>486-26-1045</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Meda Alnutt, Excelsior Springs, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> DUE TO (b) <u>Post operative carcinoma of rectum</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Cardiac failure</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of recto-sigmoid</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-19</u> , 1950, to <u>3-28</u> , 1950, that I last saw the deceased alive on <u>3-28</u> , 1950, and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. J. Hunt</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1612 Prof. Bldg</u>	
23c. DATE SIGNED <u>3-28-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem. Excelsior Springs, Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>	
DATE REC'D BY LOCAL REG. <u>3-28-50</u>		REGISTRAR'S SIGNATURE <u>A. Waldine Holmes</u>	
ADDRESS _____		ADDRESS <u>Excelsior Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29 1950

JUL - 7 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 *Lindell K. Jerman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

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.