

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19847

BIRTH NO. _____ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Dunklin Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Clarkton Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Clarkton Mo.	
c. LENGTH OF STAY (in this place) 45yrs.		03570	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Box 102	
3. NAME OF DECEASED a. (First) James		b. (Middle) T.	
c. (Last) Nettleton		4. DATE OF DEATH (Month) (Day) (Year) 6-27-50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29-1885
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 28 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Peoria Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Newton Nettleton	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dovie Nettleton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 487-18-8791	
17. INFORMANT'S SIGNATURE OR NAME Dovie Nettleton		ADDRESS Clarkton Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthmatic Condition DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter A. Hawkins (Degree or title) Coroner		23b. ADDRESS Kennett Mo.	
23c. DATE SIGNED		24a. BURIAL CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-30-50		24c. NAME OF CEMETERY OR CREMATORY Giliad Cemetery	
24d. LOCATION (City, town, or county) (State) Clarkton Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service ADDRESS Kennett Mo.	
DATE REC'D BY LOCAL REG. July 3-1950		REGISTRAR'S SIGNATURE Marguerite George	

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

0350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-2-50
COUNTY FILE NUMBER ..750-195..

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Wesnet, Mo.

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.