

No. 300
10. 48

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39889
Registrar's No. 1464

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Brown	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hiawatha 8150	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) A. c. (Last) Nott			4. DATE OF DEATH (Month) (Day) (Year) December 29 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 26, 1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Days 6	IF UNDER 2 HRS. Hours 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral director		10b. KIND OF BUSINESS OR INDUSTRY Funeral home		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George E. Nott		13b. MOTHER'S MAIDEN NAME Effie Bied		14. NAME OF HUSBAND OR WIFE Ethel Nott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Nott	
				ADDRESS Hiawatha, Kansas	

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) Peritonitis - general			INTERVAL BETWEEN ONSET AND DEATH 5890
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute pancreatitis			
		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 12-24-50		19b. MAJOR FINDINGS OF OPERATION General peritonitis - fatty necrosis - inflamed pancreas		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) m.		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 12-23-1950, to 12-29, 1950, that I last saw the deceased alive on 12-28, 1950, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul J. Jorgensen M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 12-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12/29/50		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) Hiawatha Brown Kansas	

DATE REC'D BY LOCAL REG. Jan 2, 1951		REGISTRAR'S SIGNATURE Carl C. Coe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman Funeral Home St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1954

Dr. Paul Farnsworth

Joseph - [unclear] ST
[unclear] [unclear]

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. 4535
working under my personal supervision.

Student
Student Embalmer

Signed *William Spalding*

SC 2-5-51 SC - 45-51

Licensed Embalmer No. 4535

P. O. Address 319 S. 5th St. [unclear]

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.