

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9387

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5910 Registrar's No. 37

0700

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery Co.</u>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>Portland, Mo. Rural</u>) c. LENGTH OF STAY (in this place) <u>79 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portland, Mo. Rural</u> OR <u>Route 1</u> T.P. <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Pearl</u> b. (Middle) <u>White.</u> c. (Last) <u>Nunnell,</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>28th</u> (Year) <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 6th, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Creed Nunnell,</u>		13b. MOTHER'S MAIDEN NAME <u>Prudence Moseley,</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Nunnell,</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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Boyd Nunnell, Portland, Mo. 67222</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Hrs.</u> <u>Yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Arteriosclerosis Sev.</u>		
	DUE TO (c) <u>Myocardial degeneration Senility</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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 Mar. 8; 19 51 to Mar. 28, 1951, that I last saw the deceased alive on Mar. 26, 19 51 and that death occurred at 6:05Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Thompson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>New Florence, No.</u>	23c. DATE SIGNED <u>3/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 31st 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nunnell, Cemeter</u>	24d. LOCATION (City, town, or county) (State) <u>West of Americus, Mo.</u>
DATE REC'D BY LOCAL REG. <u>March 31, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Bush</u>	ADDRESS <u>Americus, Mo</u>

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 7 1951

RECEIVED

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



Licensed Embalmer No. 3375

P. O. Address Americus, 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.