

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15310

State File No.

No. 300
10.48

APR 24 1952

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 6114

Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley Jct. at Hyway 61-0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 6168	
d. FULL NAME OF HOSPITAL OR INSTITUTION Morley Jct. at Hyway 61		d. STREET ADDRESS (If rural, give location) 1601 Themis Street	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) W. c. (Last) NUNLEY			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1952		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School		8. DATE OF BIRTH June 20, 1933	
11. BIRTHPLACE (State or foreign country) Butler County, Missouri				9. AGE (In years last birthday) IF UNDER 1 YEAR 18 MONTHS 9 DAYS 15 IF UNDER 24 HRS. Hours Min.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Melvin Williams		13b. MOTHER'S MAIDEN NAME Myrtle Richmond		14. NAME OF HUSBAND OR WIFE No	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-34-5559		17. INFORMANT'S SIGNATURE OR NAME Dave Nunley		ADDRESS Cape Girardeau, Mo.	
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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) Broken Neck - Fractured Skull Hemorrhage				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) _____ DUE TO (c) E8164					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 26					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) Highway 61 - Morley		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 6114 Scott Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 5 57 58 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Collision of two motor driven vehicles	
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22. I hereby certify that I attended the deceased from **Five days after death** that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Clara Poe 3 Carover		(Degree or title)		23b. ADDRESS Sebastian Mo		23c. DATE SIGNED 4/8/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 8, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
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DATE REC'D BY LOCAL REG. 4-16-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home		ADDRESS Cape Girardeau, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED APR 21 195

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 452-

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 Virgil H. Helik
Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.