

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32280

State File No. _____

No. 200
10.48 SEP 29 1952

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 299

644

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Nannibal</u>		c. CITY OR TOWN <u>Nannibal</u> 644	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 13.50 362 st</u>		d. STREET ADDRESS (If rural, give location) <u>521 Bridge ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>-</u> c. (Last) <u>SCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 17. 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>March 15, 1891</u>
9. AGE (In years last birthday) <u>61</u>		<u>6</u>	<u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N.W.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Tom</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 <u>Mrs. Alvin Seckman</u>		ADDRESS <u>2516 Patton</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fulminating meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170x</u>	
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) <u>Nannibal, Marion Co, MO</u>			
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>8/15/50</u> , 19 <u>50</u> , to <u>9/17/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/17/52</u> , 19 <u>52</u> , and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. N. Watterschick M.D.</u>		23b. ADDRESS <u>26 Brandon, Nannibal, Mo.</u>	
23c. DATE SIGNED <u>9/22/52</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-19-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nannibal Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. Fisher</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael & O. Howell</u>		ADDRESS <u>Nannibal MO</u>	

RECEIVED SEP 26 1952

MARION CO. HEALTH DEPT.

DATE FILED SEP 26 1952

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 Michael J. O'Connell

Licensed Embalmer No. 3286

P. O. Address Hannibal 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.