

No. 300
10.48

FILED NOV 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37360

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 3074 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Maplewood Drive</u>	

3. NAME OF DECEASED (Type or Print) <u>Brooksye</u>	a. (First) _____	b. (Middle) <u>LEE</u>	c. (Last) <u>Nunnery</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-1952</u>
---	------------------	------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-12-1925</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Semo Motor Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Holland, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>C. B. Nunnery</u>	13b. MOTHER'S MAIDEN NAME <u>Joy Samford</u>	14. NAME OF HUSBAND OR WIFE <u>E.H. Fuchs, Parkville, Mo.</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>3-9-1944-2442-19</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.H. Fuchs - Parkville, S. Centre Mo</u>	ADDRESS _____
--	---	---	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion, severe.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Basilar Skull Fracture</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, femur, compound, & fracture, humerus, & fracture radius, R. mandible, & Anasarca + sacrospinal, multiple.</u>		<u>36 hrs.</u>

19a. DATE OF OPERATION <u>Oct 26, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Above.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Scott Co.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 26 1952 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident.</u> <u>100</u>
---	---	---

22. I hereby certify that I attended the deceased from Oct 26, 1952, to Oct 27, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wilson J. Biquason,</u>	(Degree or title) <u>MD.</u>	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>Oct 28, 1952</u>
---	------------------------------	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION</u>	24d. LOCATION (City, town, or county) (State) <u>STEELE MO</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-1-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	4299 25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home Sikeston Mo</u>	ADDRESS _____
---	---	--	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

504 40
11-6-52
10030

APR 27 1953

NOV 7 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Raymond Lewis

Signed.....

Student Embalmer

Licensed Embalmer No. *3467*

P. O. Address *Sikeston 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.