

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44225

LED JAN 9 1953

 448 State File No.
 -3074- Registrar's No. 238

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pike 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION (At Son's home)		d. STREET ADDRESS (If rural, give location) Bloomfield, Mo. R. # 1.		
3. NAME OF DECEASED (Type or Print) a. (First) ALVIE		b. (Middle) ELMORE		c. (Last) NUNN
4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1881	9. AGE (In years last birthday) 71 OF UNDER 1 YEAR Months 1 Days 4 IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Horsecave, Ky.
12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dot Nunn, Deceased
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Nunn, Morley, Missouri
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) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334 X		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) (Min.)		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 Nov 25, 1952 , to Nov 30, 1952 , that I last saw the deceased alive on Nov 25, 1952 , and that death occurred at 2:45 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE E. C. Masters		23b. ADDRESS Do. Advance Mo.		23c. DATE SIGNED 12-19-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-52		24c. NAME OF CEMETERY OR CREMATORY Gravel Hill cemetery
24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri				
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Mrs. Ollas Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO., Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 5 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 153-1

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, & by Lulu

Cooper License Number 3499 Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.