

No. 300  
10.48  
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4

FILED AUG 18 1953

STANDARD CERTIFICATE OF DEATH

State File No. 27642

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 59

1. PLACE OF DEATH  
a. COUNTY Barry  
b. CITY OR TOWN Mount Mo  
c. LENGTH OF STAY (If in this place) 1 day  
d. FULL NAME OF HOSPITAL OR INSTITUTION Scroggin Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY Newton  
c. CITY (If outside corporate limits, write RURAL and give township) Rural Berwick 0730  
d. STREET ADDRESS (If rural, give location) 3 mile east of Ritchey Mo

3. NAME OF DECEASED (Type or Print) Ida Tressa Nimmo  
a. (First) Ida b. (Middle) Tressa c. (Last) Nimmo  
4. DATE OF DEATH (Month) (Day) (Year) Aug 7, 1953

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed  
8. DATE OF BIRTH Feb. 5, 1879 9. AGE (In years last birthday) 74 10. UNDER 1 YEAR Months 6 Days 1 11. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) House wife  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sidney Adams  
13b. MOTHER'S MAIDEN NAME Louise Barber  
13c. NAME OF HUSBAND OR WIFE Jim Nimmo

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  
Jord Nimmo Pure City Mo

18. CAUSE OF DEATH (Enter only one cause of death for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic glomerulonephritis & uremia  
ANTECEDENT CAUSES (b) see  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c)  
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Unchained intestinal Adiposity  
INTERVAL BETWEEN ONSET AND DEATH 4 days

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6000  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1953, to Aug 6, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert P. Kelly M.D.  
23b. ADDRESS Mount H. Mo.  
23c. DATE SIGNED 8-8-53

24a. BURIAL, CREMATION, REMOVAL (By, to, by) Burial  
24b. DATE Aug 9, 1953  
24c. NAME OF CEMETERY OR CREMATORY Nimmo Cemetery  
24d. LOCATION (City, town, or county) (State) Newton Crk Mo

DATE REC'D BY LOCAL REG. 8-12-53  
REGISTRAR'S SIGNATURE Katherine Henderson  
487  
FUNDAL DIRECTOR'S SIGNATURE ADDRESS  
Wills Bros Pure City Mo

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

SEP 10 1958

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, Edwin Wilks  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Peere City 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.