

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36643**

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho	
d. FULL NAME OF HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If rural, give location) 714 North High	

3. NAME OF DECEASED (Type or Print)	a. (First) Mattie	b. (Middle) Jane	c. (Last) Nunn	4. DATE OF DEATH	(Month) 10	(Day) 8	(Year) 53
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-2-1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 6	IF UNDER 4 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) McDonald County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Holmes	13b. MOTHER'S MAIDEN NAME Mahulda Shewmake	14. NAME OF HUSBAND OR WIFE Deceased
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bess Allman	ADDRESS Granby, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 Mo 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio-sclerosis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Granby, McDonald County, Mo.
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 Feb 19, 1953, to Oct 9, 1953, that I last saw the deceased alive on Oct 8, 1953 and that death occurred at 12:07 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Melvin C. Bowman</i>	(Degree or title) 207	23b. ADDRESS GRANBY, Mo.	23c. DATE SIGNED 10-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-10-53	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) McDonald County Mo.
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DATE REC'D BY LOCAL REG. 10-12-53	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Crever Shewmake	ADDRESS Granby
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 1053-189
Date Filed OCT 16 1953

NEOSHO, MISSOURI

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

F. E. Shawmbe Jr.

Licensed Embalmer No. 4923

P. O. Address Granby, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.