

FILED NOV 17 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 38468

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 583		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ROLLINGER			
b. CITY OR TOWN RURAL (If outside corporate limits, write RURAL and give township) <i>Byrd</i>		c. LENGTH OF STAY (in this place) PASSING THROUGH		c. CITY (If outside corporate limits, write RURAL and give township) LEOPOLD		0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR BURFORDSVILLE				d. STREET ADDRESS (If rural, give location) NONE			
3. NAME OF DECEASED (Type or Print) a. (First) PATRICIA		b. (Middle) ANN		c. (Last) NENNINGER		4. DATE OF DEATH (Month) (Day) (Year) 11-5-53	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 3-26-1939	
9. AGE (in years last birthday) 14		IF UNDER 1 YEAR Months 7		IF UNDER 1 YEAR Days 9		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ELMER NENNINGER		13b. MOTHER'S MAIDEN NAME GLADYS MARKHAM		14. NAME OF HUSBAND OR WIFE -			
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 ELMER NENNINGER ADDRESS LEOPOLD, MO.			
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) Fracture of the skull + Fracture of the upper Cervical Region of the Neck. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway 34		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Byrd Cape Girardeau Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 5 53-1130 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Drove in which she was riding over-					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. G. Sigmond, Coroner				23b. ADDRESS Jackson Mo		23c. DATE SIGNED 11/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-9-53		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.		24d. LOCATION (City, town, or county) (State) LEOPOLD MO.	
DATE REC'D BY LOCAL REG. Nov 10-53		REGISTRAR'S SIGNATURE J. G. Suber 430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME LUTESVILLE MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md.

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.