No. 300
10.48

FILED OCT 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33289

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO 5214 Registrar's No. 23

018 0 1

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

1. PLACE OF DEATH
a. COUNTY: Carter
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hunter J.
c. LENGTH OF STAY (in this place): 16 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hunter, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carter
c. CITY OR TOWN: Hunter Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 018 0
e. STREET ADDRESS (If rural, give location): Gen. Delivery Hunter, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Houston
c. (Last): Nevins

4. DATE OF DEATH (Month) (Day) (Year): 9 - 23 - 54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 22, 1904
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army Officer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Brown Station Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Samuel H. Nevins
13b. MOTHER'S MAIDEN NAME: Lillian G. Aither
14. NAME OF ~~HUSBAND~~ OR WIFE: Gwendola Fern Nevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1936 to 1953
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Gwendola Nevins, Hunter, Mo. — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease, Chronic with myocardial
DUE TO (c) infarction — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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) m.
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* 31 Aug., 1953, *to* 23 Sept., 1954, *that I last saw the deceased alive on* 1 Sept., 1954, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hester Harwell, M.D.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 14 Oct. 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-24-54
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): Keokuk Iowa

DATE REC'D BY LOCAL REG.: Oct. 18-1954
REGISTRAR'S SIGNATURE: Mrs Octa Henson 50-0
25. FUNERAL DIRECTOR'S SIGNATURE: McSpadden Funeral Home — ADDRESS: Van Buren, Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 2

SEP 26 1958

APR 27 1955

OCT 27 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Allen C. McSpadden

Licensed Embalmer No. 454

P. O. Address. Van Bu

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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