

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10834

BIRTH NO. 20667-55 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>MTN. GROVE</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Barool</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 3 Barool Tex 10701</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-21-55</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>TERRY</b>	b. (Middle) <b>LYNN</b>	c. (Last) <b>NUSSER</b>	5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>
8. DATE OF BIRTH <b>3-21-55</b>	9. AGE (In years last birthday) <b>12</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MTN. GROVE, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>BEVERLY NUSSER</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Beverly Nusser Barool Mo R 3</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature birth</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 <b>3 hrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>776X</b>			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) m.	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 <b>3-21, 1955</b> to <b>3-21, 1955</b> that I last saw the deceased alive on <b>3-21, 1955</b> , and that death occurred at <b>10: P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W.A. Craig, D.O.</b>		23b. ADDRESS <b>Mountain Grove Mo</b>		23c. DATE SIGNED <b>3-25-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CABOOL CEMET.</b>	24d. LOCATION (City, town, or county) (State) <b>CABOOL, MO.</b>		
DATE REC'D BY LOCAL REG. <b>3-26-55</b>	REGISTRAR'S SIGNATURE <b>A.B. Amas</b>	348-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Elliott - Senty,</b>	ADDRESS <b>Barool Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No embalming

County File Number  
455-48  
Date Filed  
APR 1 1955

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 \_\_\_\_\_

No embalming

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.