

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

State File No. **21836**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 700 Registrar's No. 702

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>	c. CITY OR TOWN <u>St. Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1441 Clanton</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>O.</u> c. (Last) <u>NETTLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 10, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 1, 1934</u>	9. AGE (In years last birthday) <u>21</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Remnant Constr Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Orville Nettles</u>		13b. MOTHER'S MAIDEN NAME <u>Juanita Partin</u>		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) <u>Yes, Korea</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Cerebral edema</u> rise to the above cause (a) stating the underlying cause last. 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 _____
19a. DATE OF OPERATION <u>8-7-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subdural Hydrome, Bilateral</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SOURCE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) <u>Highway 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>6 MI. EAST OF WEBSTER CO. LINE WEBSTER MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-5-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>1 CAR ACCIDENT</u>			
22. I hereby certify that I attended the deceased from <u>8-5</u> , 19 <u>55</u> , to <u>8-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>55</u> , and that death occurred at <u>9:05 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Arthur D. K. Haug M.D.</u>		23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>		23c. DATE SIGNED <u>8-10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Ill</u>	24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>8/11/55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Kingman & Co. Springfield, Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

SEP 11 1956

SEP 7 1956

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.....
Signature of Student Embalmer

Signed..... *Ogle Stone Jr.*

Licensed Embalmer No... *4112*

P. O. Address... *Springfield*

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.