No. 300
10-48

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

9755

State File No.

FILED MAR 23 1956

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 25

**1. PLACE OF DEATH**
a. COUNTY: Mc Donald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Anderson Twp
c. LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): not in Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mc Donald
c. CITY OR TOWN: Anderson
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): west 44 Highway

**3. NAME OF DECEASED** (Type or Print): a. (First) PERLY b. (Middle) ERNEST c. (Last) NEHRBASS

**4. DATE OF DEATH** (Month) 3 (Day) 3 (Year) 1956

**5. SEX**: Female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: 6-30-1884
**9. AGE** (In years last birthday): 71 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours ✓, Min. ✓
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Housework
**11. BIRTHPLACE** (City and State or Foreign Country): Maryville Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Elic Seales.
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Fred Nehrbass.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Ernest Hudgens ADDRESS: Anderson, 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, 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 — 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)

DUE TO (c)

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**: H2C1
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

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* 11:20 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: R M Humphrey Jr. (Degree or title) Coroner
**23b. ADDRESS**: Noel Mo.
**23c. DATE SIGNED**: 3-4-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-7-1956
**24c. NAME OF CEMETERY OR CREMATORY**: Anderson Cemetery
**24d. LOCATION** (City, town, or county) (State): Anderson, Mo.

DATE REC'D BY LOCAL REG.: 3-7-56
REGISTRAR'S SIGNATURE: Marvin Humphrey
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Humphrey & Cheatham Anderson, Mo.
(Licensed Embalmer's Statement on Reverse Side) H.P. Cheatham

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

MAR 27 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....✓.....
Signature of Student Embalmer

Signed.R. E. Cheatham.....

Licensed Embalmer No.3813..

P. O. Address Anderson,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.