No. 300
10.48

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29808

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leopold
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leopold
d. STREET ADDRESS (If rural, give location): 0090

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): A.
c. (Last): Nenninger

4. DATE OF DEATH (Month) (Day) (Year): Oct 2, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: APR. 24, 1866
9. AGE (In years last birthday): 90 — 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): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Doniphen, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Nenninger
13b. MOTHER'S MAIDEN NAME: Caroline — Unknown
14. NAME OF HUSBAND OR WIFE: Cecilia Arnsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Henry Nenninger, Leopold, 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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Renal Vascular Disease

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: 442X
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* Jan 9, 1950 *to* Oct 2, 1956, *that I last saw the deceased alive on* 10/1, 1956, *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Myers, D.V.
23b. ADDRESS: Lutesville Mo
23c. DATE SIGNED: 10/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5 1956
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cem.
24d. LOCATION (City, town, or county) (State): Leopold Mo

DATE REC'D BY LOCAL REG.: 10-2-56
REGISTRAR'S SIGNATURE: Mrs. Buford Crader
25. FUNERAL DIRECTOR'S SIGNATURE: Gene Ward — ADDRESS: Lutesville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

520
0

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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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

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