

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29008

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOWLING GREEN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BOWLING GREEN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>214 W. CHURCH</u> <u>CR 210</u> <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ERNESTINE LAVERNE NUNN</u> First Middle Last			4. DATE OF DEATH <u>AUG 23 1957</u> Month Day Year
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 25 1907</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>49</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>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>PIKE COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>C.C. (CHRIS) MUFF</u>		14. MOTHER'S MAIDEN NAME <u>DELIA JACKSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-05-3596</u>	
17. INFORMANT <u>Wm TED NUNN</u> Address <u>BOWLING GREEN, MO</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cranial thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year <u>5:45 A.M.</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>August 23-1957</u> to <u>August 23-1957</u> and last saw her <u>alive</u> on <u>Aug. 23-1957</u> Death occurred at <u>5:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE (Degree or title) <u>James P. Berger, M.D.</u>		22b. ADDRESS <u>Bowling Green, Mo.</u>	
22c. DATE SIGNED <u>Aug. 24-1957</u>		23. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN BOWLING GREEN</u> LOCATION (City, town, or county) (State) <u>MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>AUG. 25 1957</u>	
24. FUNERAL DIRECTOR <u>GRACE BANKHEAD</u> ADDRESS <u>BOWLING GREEN, MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-28-57</u>	
26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		27. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

1958 MAR 7

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 *Harold C. Ke...*

Licensed Embalmer No. *4.5*

P. O. Address *Bowling*

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