

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32584**

FILED SEP 30 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Jersey</u> b. COUNTY <u>Salem Co.</u>			
b. CITY OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Pennsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Osteopathic Hospital - 17 Atlantic Blvd -</u>				e. STREET ADDRESS (If rural, give location) <u>829</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>		b. (Middle) <u>M</u>		c. (Last) <u>McNutt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1957</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7-28-1907</u>	
9. AGE (In years last birthday) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reg Punch Op</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia, Pa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Ristine</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Edward G. McNutt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>179-05-2372</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward G. McNutt - Pennsville, N.J.</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 Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma to Head</u> 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				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meadvile, No. Jersey</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 - 20 - 57 12:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>9/20</u> , 19 <u>57</u> , to <u>9/20</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9/20</u> , 19 <u>57</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gene Maloney</u>				23b. ADDRESS <u>Brookfield No. 9/21/57</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/21/57</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Pennsville N.J.</u>	
DATE REC'D BY LOCAL REG. <u>9/27-57</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boudens Brookfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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OCT 9 1937

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 James P. McClelland

Licensed Embalmer No. H 23

P. O. Address Brookfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.