

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38836**

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4482** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis		c. LENGTH OF STAY (In this place) 70 yrs	c. CITY OR TOWN Memphis 0990 0
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Fannie	b. (Middle) C.	c. (Last) Nellis	Oct. 25 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH I-9-1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeping		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Memphis Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Frank Givens	13b. MOTHER'S MAIDEN NAME Henrietta Bolton	14. NAME OF HUSBAND OR WIFE Carl Nellis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Carl Nellis ADDRESS Memphis Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid Arthritis DUE TO (c)		30 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-14 1942**, to **10-25 1957**, that I last saw the deceased alive on **10-24 1957**, and that death occurred at **6 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. S. Poffellan M.D.	23b. ADDRESS Memphis Mo.	23c. DATE SIGNED 10-29-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 27, 1957	24c. NAME OF CEMETERY OR CREMATORY Memphis	24d. LOCATION (City, town, or county) (State) Memphis Mo.
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DATE REC'D BY LOCAL REG. 10-31-57	REGISTRAR'S SIGNATURE Vera K. Purmer	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Purmer & Sons ADDRESS Memphis, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

4760

NOV 5 1957

MAY 19 1958

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 *Neal Payne*
Licensed Embalmer No. *2550*

P. O. Address *Memphis, TN*

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.