

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035380

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. 10 Primary Registration District No. 4020 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Martinsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Martinsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS 0040		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edwin Middle Curtis Last Nunnelly			4. DATE OF DEATH Month October Day 9 Year 1958		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 10, 1901	9. AGE (In years last birthday) 56	10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Repairman		10b. KIND OF BUSINESS OR INDUSTRY Radio	11. BIRTHPLACE (City and state or country) Callaway County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry W. Nunnelly		13b. MOTHER'S MAIDEN NAME Minnie B. Scott		14. NAME OF HUSBAND OR WIFE None	
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. 496-14-0929	17. INFORMANT Mr. Howard Nunnelly	Address New Florence Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)					
DUE TO (c) 4222					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 NEVER TREATED, etc. and last saw her alive on _____ Death occurred at 3:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Benjamin J. Dally, MD (Degree or title)			22b. ADDRESS 112 N. Clark Mexico, Mo		22c. DATE SIGNED 10/11/58 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 12, 1958	23c. NAME OF CEMETERY OR CREMATORY New Florence Crematory		23d. LOCATION (City, town, or county) (State) New Florence, Missouri	
24. FUNERAL DIRECTOR Sohlanker Funeral Home ADDRESS Montgomery City Missouri		25. DATE RECD. BY LOCAL REG. Oct 11-1958	26. REGISTRAR'S SIGNATURE Blanche Neely		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

3e BENJAMIN W. GALLI, M.D. USE INK OR RED INK OR RED INK TYPE IF POSSIBLE

MEDICAL CERTIFICATION

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DEC 23 1958

OCT 22 1958

OCT 27 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 *E. Boone Schlenker*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery*

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.