

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022449

FILED VS JUL 5 1960 4/3

Primary Registration District No. 3067

Registrar's No. 360

STATE FILE NUMBER

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |  |  |  |   |                                      |  |
|--|---|---|--|--|--|--|---|--------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Wayne</b> |  |  |   |                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Poplar Bluff</b>   |   | Length of stay in 1b<br><b>2 Days</b>   |  | c. CITY OR TOWN<br><b>Millspring</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |                                      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Poplar Bluff Hospital</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>None</b>         |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                      |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>George</b> Middle <b>Washington</b> Last <b>Nunn</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>17</b> Year <b>1960</b>   |  |  |   |                                      |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Oct-7 85</b>  | 9. AGE (last birthday)<br><b>74</b>                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR  |                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Rail Roader</b>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><b>Millspring, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                      |  |
| 13a. FATHER'S NAME<br><b>Lafayette Nunn</b>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ellen Ward</b>                                       |  | 14. NAME OF HUSBAND OR WIFE<br><b>Ora Nunn Mrs.</b>                  |  |   |                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT Address<br><b>Mr. William C. Nunn Wayville</b>         |  |   |                                      |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary heart disease</b><br>DUE TO (b) <b>arteriosclerosis.</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6-16 1960</b>                                  |                                      |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                      |  |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.  |   |   |  |  |  |  |   |                                      |  |
| 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 <b>6-14 1960</b> to <b>6-17 1960</b> and last saw <sup>her</sup> <sub>him</sub> <b>live</b> on <b>6-17 1960</b><br>Death occurred at <b>11:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |  |  |  |   |                                      |  |
| 22a. SIGNATURE (Degree or title)<br><b>Wm Henschel M D</b>   |   |   |  | 22b. ADDRESS<br><b>Poplar Bluff Mo</b>   |  |  |   | 22c. DATE SIGNED<br><b>6-21 1960</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>6-19-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Millercrest</b>                             |  | 23d. LOCATION (City, town, or county)<br><b>Millspring</b>           |  | STATE<br><b>Mo.</b>   |                                      |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>William Cook Piedmont</b>   |   |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>6/25/60</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>R. Mueller</b>   |   |                                      |  |

JUL 14 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Cedar Funeral Home Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.