

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010548
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 449

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Greene</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Johns Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Greene</p> <p>c. CITY OR TOWN Springfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) RFD#12 Box 210 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last (Type or print) ALVIN JAMES NUNN</p>			
<p>4. DATE OF DEATH Month Day Year March 18, 1962</p>			
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 13 June 1904</p>
<p>9. AGE (last birthday) 57</p>		<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Foreman</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad</p>	
<p>11. BIRTHPLACE (City and state or country) Missouri</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME A. Nunn</p>		<p>13b. MOTHER'S MAIDEN NAME Sadie Curry</p>	
<p>14. NAME OF HUSBAND OR WIFE Katherine Nunn</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>16. SOCIAL SECURITY NO. No</p>		<p>17. INFORMANT Rt. 12 Address Katherine Nunn (Wife) Springfield, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Coronary thrombosis</p> <p style="text-align: center;">DUE TO (b) _____</p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH Four min.</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri</p>		<p>21. I attended the deceased from 9-22-61 to 3/18/62 and last saw him alive on 9-22-61</p> <p>Death occurred at 10:00 DOA A.m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD</p>		<p>22b. ADDRESS Springfield, Missouri</p>	
<p>22c. DATE SIGNED 3-20-62</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	
<p>23b. DATE 3-21-62</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery</p>	
<p>23d. LOCATION (City, town, or county) Springfield, Missouri</p>		<p>24. FUNERAL DIRECTOR Klinger Mortuary Springfield, Mo. ADDRESS</p>	
<p>25. DATE RECD. BY LOCAL REG. 3-22-62</p>		<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 27 1962

APR 30 1963

APR 3 1962

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 Ogden Stone Jr.

Licensed Embalmer No. 4174

P. O. Address Springfield

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.

Permit received 3-19-62