MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-012220
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 9 1962

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cyrene
Length of stay in 1b: 15 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Delivery
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Cyrene
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): General Delivery
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First George Middle (none) Last Nunn

4. DATE OF DEATH: Month March Day 31 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-1-77
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Corso, Lincoln, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Nunn
13b. MOTHER'S MAIDEN NAME: Laura Grimmett
14. NAME OF HUSBAND OR WIFE: Lillie Duncan Nunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs. George Nunn, Cyrene, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) MYOCARDIAL DECOMPENSATION — 4 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) TACHYCARDIA (of 3 DAY MEASLES) COMPLICATING HYPERGLYCEMIC COMA

DUE TO (c) GERIATRIC MALNUTRITION AGGRAVATED BY DUODENAL ULCER AND CHIEFLY BY OLD AGE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GERIATRIC ARTERIOSCLEROSIS AND CEREBELLAR AFFECTATION (BEGINNING) - BY SAME PROCESS OF POST-CEREBRAL (BASILAR) ARTERIES

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 JULY 1957 to MARCH 31st 62 and last saw ~~her~~ him alive on THAT DATE 3/31/62
Death occurred at 11 20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph T. Hayden (Degree or title) M.D.
22b. ADDRESS 519 W. Main Bowling Green Mo.
22c. DATE SIGNED April 2, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/2/62
23c. NAME OF CEMETERY OR CREMATORY: Olney Cemetery
23d. LOCATION (City, town, or county) (State): Olney, Lincoln, Missouri

24. FUNERAL DIRECTOR ADDRESS: Harold Kirks, Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: April 2, 1962
26. REGISTRAR'S SIGNATURE: Maidee B. Williams

(Licensed Embalmer's Statement on Reverse Side)

APR 17 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 Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green Mo.

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.