

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37477

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 263
 (c) City Nevada (d) Street No. State Hospital # 3 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Garxison St. Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ?
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ? 1853
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 6 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ?
 9. Industry or business in which work was done, as saw mill, bank, etc. ?
 10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

FATHER 13. NAME ?

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME ?

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Records, State Hospital #3, Nevada

18. BURIAL, CREMATION, OR REMOVAL PLACE Hoop Camp DATE 10/20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richinger Fun. Home Nevada Mo.

20. FILED Oct 20 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1939, to Oct. 19 1939
 I last saw him alive on Oct. 18 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Generalized Arterio Sclerosis
Arterio Sclerotic Heart Disease

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? direct Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1939
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 (Signed) Russ H. Patten, M. D.
 (Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED NOV 22 1939

RECEIVED

District Health Officer No. 7,

District File Number 7-39-15-45

Date Filed 11-6-39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mark E. Eubinger

Licensed Embalmer No. 26756

P. O. Address Nevada 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 this body is not embalmed, above space should be left blank.