

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 67

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>✓</u> c. (Last) <u>PANGBORN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6-1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May-13-1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Barton County, Mo</u>	
13a. FATHER'S NAME <u>Joshua Waggoner</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. R. Pangborn</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anita Lyell</u> ADDRESS <u>Shelbyville Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
	ANTECEDENT CAUSE <u>2 chest pain for 2 hrs in attack, 1st history indicates 2 attacks 2 a.m. on about 12th</u>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerosis and Degeneration of myocardium</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gall bladder disease & gallstones</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>

22. I hereby certify that I attended the deceased from Oct 28, 1950, to Aug 6, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 12 M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. C. Aralove</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Shelbyville Mo</u>	23c. DATE SIGNED <u>8-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Shelbyville Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-15-51</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Thompson</u> ADDRESS <u>Shelbyville, Mo</u>
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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 _____

..... *Myself* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, 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, fact should be so stated above.