

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17620

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NEBRASKA</u> b. COUNTY <u>GUAGE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HADEN</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BEATRICE</u> <u>8260</u>		d. STREET ADDRESS (If rural, give location) <u>1721 N. 15th St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>WAVONIA</u> c. (Last) <u>PANGBORN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAR. 21 1904</u>	9. AGE (in years last birthday) <u>49</u>	10. UNDER 1 YEAR <u>7</u> 11. UNDER 12 HRS. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>AXTELL, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>LOUIS McHARR</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SLATON</u>	14. NAME OF HUSBAND OR WIFE <u>ARTHUR W PANGBORN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>508-26-4192</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille C. Roettger</u> ADDRESS <u>New Haven, Mo.</u>			ADDRESS
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>Malignant Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>444x</u>			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?			
22. I hereby certify that I attended the deceased from <u>Nov. 10, 1952</u> , to <u>May 30, 1953</u> , that I last saw the deceased alive on <u>May 30, 1953</u> , and that death occurred at <u>10:45A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Quintella D.D. V</u>		23b. ADDRESS <u>New Haven, Missouri</u>		23c. DATE SIGNED <u>6/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TRINITY LUTHERAN</u>	24d. LOCATION (City, town, or county) (State) <u>NEW HADEN MO.</u>		
DATE REC'D BY LOCAL REG. <u>June 2, 53</u>	REGISTRAR'S SIGNATURE <u>Edna D. Junge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Festig</u> ADDRESS <u>New Haven, Mo.</u>		

JUL 28 1955

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
Student Embalmer

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address Greenhaven 410

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.