

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nevada</u>		1082 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>513 W. Sycamore</u>			Length of stay in 1b <u>life</u>		d. STREET ADDRESS <u>513 W. Sycamore</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				First <u>Chester</u>		Middle <u>Dale</u>		Last <u>New</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>22</u> Year <u>1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 10. 1950</u>		9. AGE (In years last birthday) <u>6 yrs.</u>		IF UNDER 1 YEAR Months _____ Day _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>Eldorado Springs, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>unknown</u>					14. MOTHER'S MAIDEN NAME <u>Josephine Lamke</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Mrs. Josephine New, 513 W. Sycamore</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia (Lobar)</u>										INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____			
DUE TO (c) _____										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Had Marked Hydrocephalus</u>										490X			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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. _____													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>Aug. 18, 1956</u> to <u>Feb. 22, 1957</u> and last saw him <u>her</u> alive on <u>Feb. 22, 1957</u> Death occurred at <u>4:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>L. P. McCann, M.D.</u>						22b. ADDRESS <u>Moore Bldg., - Nevada, Mo.</u>			22c. DATE SIGNED <u>2-25-57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>			23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>						
24. FUNERAL DIRECTOR <u>Ferry Funeral Home Nevada, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-2-1957</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

L. Ingles Ferry
Signed..... L. Ingles Ferry.....

Licensed Embalmer No. 496

P. O. Address Nevada,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.