

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1957

STATE FILE NUMBER 57-020193

Registration District No. 324 Primary Registration District No. 30722 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Marshall</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon hosp.</b>			Length of stay in 1b <b>3 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>358 W. Yerby</b>			
3. NAME OF DECEASED (Type or print) First <b>Roger</b> Middle <b>Edwin</b> Last <b>Nugen</b>				4. DATE OF DEATH Month <b>June</b> Day <b>20th</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 3rd 1904</b>		9. AGE (In years last birthday) <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prigector operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Picture show</b>		11. BIRTHPLACE (City and state or country) <b>Saline County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Edwin Nugen</b>				14. MOTHER'S MAIDEN NAME <b>Wilma Johnson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-07-5804</b>		17. INFORMANT Address <b>Mrs Roger Nugen, Marshall, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extreme Cachexia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized Carcinomatosis</b>		DUE TO (c) <b>Carcinoma of Stomach</b>		6 Mon	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Carcinoma of Sigmoid Colon independent tumor</b>							19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/>
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.) <b>151X</b>				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <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 <b>Sept 56. so 20 June 57</b> and last saw <b>him</b> live on <b>19 June 57</b> . Death occurred at <b>2-45 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <b>E. Lee M. Corble M.D.</b>				22b. ADDRESS <b>Marshall Mo.</b>		22c. DATE SIGNED <b>20 June 57</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 22, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>		23d. LOCATION (City, town, or county) <b>Marshall, Missouri</b> (State) _____		
24. FUNERAL DIRECTOR ADDRESS <b>Campbell-Lewis. Marshall, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-22-57</b>		26. REGISTRAR'S SIGNATURE <b>Cecil S. Reed</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 1957

**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.....  
*James H. Lewis Jr.*

Licensed Embalmer No. *47*

P. O. Address *Marshall*

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.