URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-007414
STATE FILE NUMBER

FILED VS FEB 29 1960

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 42

ENDED

1. PLACE OF DEATH
a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville, mo.
Length of stay in 1b: 15 days

c. CITY OR TOWN Skidmore
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Frances Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Nellie Middle: Last: Caywood

4. DATE OF DEATH Month: 2 Day: 19 Year: 60

5. SEX: F

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-9-79

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (City and state or country): Elwood Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Stacey

13b. MOTHER'S MAIDEN NAME: Amelia Lamson

14. NAME OF HUSBAND OR WIFE: Oscar Caywood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Clarence Coston, Address: Skidmore, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardio-Vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 January 1950 to 2/19/60 and last saw her/him alive on 2/19/60

Death occurred at 3:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. F. Bland (Degree or title) M.D.

22b. ADDRESS: Maryville Missouri

22c. DATE SIGNED: 2/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-22-60

23c. NAME OF CEMETERY OR CREMATORY: Maitland

23d. LOCATION (City, town, or county) (State): Maitland, Missouri

24. FUNERAL DIRECTOR: G. M. Atchison ADDRESS: Maryville, Mo.

25. DATE RECD. BY LOCAL REG.: 2-21-60

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

SEP 6 1960

SEP 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by George M. Atchison Jr., Student Embalmer No. 600

working under my personal supervision.

Student George M. Atchison Jr. Signed G. M. Atchison
Signature of Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Maryville, Mis

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