

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009614

FILED VS. MAR 15 1960

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3076 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Length of stay in 1b <b>2 hrs. 35 min.</b>	c. CITY OR TOWN <b>Montevillo</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>Nevada Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Leroy</b> Middle <b>Gene</b> Last <b>McGarraugh</b>			4. DATE OF DEATH Month <b>February</b> Day <b>25</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>February 25 1960</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> IF UNDER 24 HR Hours <b>2</b> Min. <b>35</b>	
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) <b>Nevada Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Leroy McGarraugh</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Correll</b>		14. NAME OF HUSBAND OR WIFE -----		
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>None</b>	17. INFORMANT Address <b>Wm. Leroy McGarraugh Montevillo, Missouri</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>Prematurity</b>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.		DUE TO (b) <b>Gestation, 5 1/2 months</b>				
		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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.)			
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 checked="" 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>2-25-60</b> to <b>2-25-60</b> and last saw him <sup>xxx</sup> live on <b>2-25-60</b> Death occurred at <b>5:00</b> <b>a</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Robert L. Magee</i> (Name or title) <b>Robert L. Magee, M.D.</b>			22b. ADDRESS <b>111 1/2 West Spring Street El Dorado Springs, Missouri</b>		22c. DATE SIGNED <b>3-3-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>		23d. LOCATION (City, town, or county) <b>Nevada</b>	(State) <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Ferry Funeral Home Nevada, Missouri</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-11-1960</b>	26. REGISTRAR'S SIGNATURE <i>Arma J. Jarry</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Douglas Perry

Licensed Embalmer No. 4960

P. O. Address Nevada

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