RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-015545

FILED VS MAY 5 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2069

DED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V. A. HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Jackson
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 11211 EAST 9TH — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BERNARD Middle: JOSEPH Last: NUGENT
4. DATE OF DEATH: Month April Day 11 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 5-5-86
9. AGE (last birthday): 73 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Boiler Maker
11. BIRTHPLACE (City and state or country): Joliet, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MICHAEL J. NUGENT
13b. MOTHER'S MAIDEN NAME: SUSAN LOUGHIN
14. NAME OF HUSBAND OR WIFE: Susie Nugent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 275-07-5175
17. INFORMANT: VA Hospital Official Rcds, K.C. Mo; Susie Nugent, 11211 East 9th, K.C. 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): Pulmonary congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Fatty cirrhosis, liver
INTERVAL BETWEEN ONSET AND DEATH:

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

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

19. WAS AUTOPSY PEREFORMED? YES [X] 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 11:00AM 4-11-60, to 12:30PM 4-11-60, and saw him alive on
Death occurred at 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh H. Owens (Degree or title): Coroner — 22b. ADDRESS: 1034 Walton Bldg — 22c. DATE SIGNED: 4-12-60

BY AFFIDAVIT OF: Hugh H. Owens

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: 4-15-60 — 23c. NAME OF CEMETERY OR CREMATORY: Ft. Leavenworth Cemetery — 23d. LOCATION (City, town, or county) (State): Leavenworth, Kansas

24. FUNERAL DIRECTOR: Geo.C.Carson & Sons, Independence, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-12-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Lloyd C. Carson

Signature of Student Embalmer

Licensed Embalmer No. 4199

P. O. Address Indep

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