

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4824 = 60-021331
 8024 STATE FILE NUMBER

FILED VS MAY 25 1960
 INDEXED

318 1003
 Registration District No. Primary Registration District No.

4824 REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST LOUIS MO.			Length of stay in 1b 5 DAYS	c. CITY OR TOWN LITCHFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1401 N. VAN BUREN AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RAY Middle TAYLOR Last NAGLE			4. DATE OF DEATH Month MAY Day 5 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2/19/25	9. AGE (last birthday) 35	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) NONE			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TISHOMINGO, MISS.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME GEORGE W. NAGLE			13b. MOTHER'S MAIDEN NAME MAUDIE TAYLOR		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) YES WW II			16. SOCIAL SECURITY NO. 363-28-5982	17. INFORMANT STATE TRNG SCHOOL, STEWARD LANE LARRY NAGLE, NASHVILLE, TENN.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK						INTERVAL BETWEEN ONSET AND DEATH 24 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) INFRAABDOMINAL HEMORRHAGE & RETROPERITONEAL HEMATOMA						5-6 DAYS	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PARAPLEGIA, CHRONIC PYELONEPHRITIS WITH UREMIA AND STAPHYLOCOCCUS AUREUS SEPTICEMIA					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 checked="" type="checkbox"/> NO <input 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 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 VA attended the deceased from 4/30/60 to 5/5/60 and last saw her/him alive on 5/5/60 Death occurred at 6:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) ROBERT L. WESTERHOLDE M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal (rail)	23b. DATE May 7, 1960	23c. NAME OF CEMETERY OR CREMATORY local	23d. LOCATION (City, town, or county) Corinth, Miss.		23e. (State)		
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blv'd. St. Louis County (30) Missouri. (Licensed Embalmer's Statement on Reverse Side)			25. DATE RECD. BY LOCAL REG. MAY 7 1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

77

JUL 14 1960

SEP 2 1960

III
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 Clarence H. Munn

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.