

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-044906

FILED VS DEC 13 1960

360

Primary Registration District No. 3076

Registrar's No. 225

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>	Length of stay in 1b <i>58 years</i>	c. CITY OR TOWN <i>Nevada</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada City Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>415 South Tower</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Mabel</i> Middle <i>Clair</i> Last <i>Flagon</i>			4. DATE OF DEATH Month <i>November</i> Day <i>29</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>12/21/1893</i>	9. AGE (last birthday) <i>66</i>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Mexico, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Robert M. Mc Gee</i>		13b. MOTHER'S MAIDEN NAME <i>Nettie Shaffer</i>		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) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-05-8668</i>	17. INFORMANT <i>Charles Flagon Nevada, Missouri</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease with right bundle branch block and myocardial infarction, massive</i>		INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i>
DUE TO (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) <i>Diabetes Mellitus</i>		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
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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 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 *March 1952* to *Nov 29, 1960* and last saw her alive on *Nov 29, 1960*  
Death occurred at *10:42 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James J. Pascoe M.D.</i>		22b. ADDRESS <i>MOORE BUILDING, NEVADA, MO.</i>	22c. DATE SIGNED <i>11-29-60</i>
23a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/1/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Newton Burial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Nevada Missouri</i>

24. FUNERAL DIRECTOR <i>Eichinger Funeral Home</i>	ADDRESS <i>Nevada Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>Dec 8-1960</i>	26. REGISTRAR'S SIGNATURE <i>Arma &amp; Perry</i>
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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

*Percy F. Melster*

Licensed Embalmer No.

4805

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.