RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

VS NOV 30 1960

60-044913
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada
Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Tate Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 330 North Spring
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MABEL Middle: M. Last: MECUM
4. DATE OF DEATH: Month: November Day: 17 Year: 1960
5. SEX: Fm
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH:
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Feather
13b. MOTHER'S MAIDEN NAME: Mary
14. NAME OF HUSBAND OR WIFE: Walter Mecum, Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 492-36-1114
17. INFORMANT: Mrs. Earl Compton
Address: 322 North Spring Nevada, Missouri

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): Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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)
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 Sept 1955 to Nov 17 '60 and last saw her/him alive on Nov 17, 1960
Death occurred at 6:05 a.m. a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ray W. Pearce (Degree or title) M.D.
22b. ADDRESS: Moore Bldg Nevada Mo
22c. DATE SIGNED: 11/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1960 November 19
23c. NAME OF CEMETERY OR CREMATORY: Lockwood Cemetery
23d. LOCATION (City, town, or county) (State): Lockwood Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: Nov.26,1960
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 7 1980

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L. Hughes Ferry

Signature of Student Embalmer

Licensed Embalmer No. 4960

P. O. Address Nevada

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.