

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018115

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 2035 Registrar's No. 46

AMENDED

FILED JUN 9 1961

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b 10 Days	c. CITY OR TOWN Wellington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 Blocks South 131&24 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) William Gustav Nadler			4. DATE OF DEATH Month May Day 29 Year 1961		
First	Middle	Last			

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March/18/1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Femme Osage, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Nadler	13b. MOTHER'S MAIDEN NAME Anna Louise (no Record)	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Mr. Charles Rogge Wellington, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH unknown
IMMEDIATE CAUSE (a) Metastatic carcinoma of kidney, left and uremia		
DUE TO (b) _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (c) Pyelonephritis, left		
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 Wellington	COUNTY Missouri	STATE
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21. I attended the deceased from 5/19/61 to 5/29/61 and last saw her/him alive on 5/29/61
Death occurred at 7:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joe W Ward</i> (Degree or title)	22b. ADDRESS <i>Lexington Mo</i>	22c. DATE SIGNED <i>5-31-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 1, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery	23d. LOCATION (City, town, or county) (State) Wellington, Missouri
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24. FUNERAL DIRECTOR J. C. Sheppard Wellington, Mo.	25. DATE RECD. BY LOCAL REG. 5-31-61	26. REGISTRAR'S SIGNATURE <i>Thomas E. Estabrook</i>
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DATE EXAMINED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo.

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