

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037422
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 162

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 4 hours	c. CITY OR TOWN Pittsburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Stilwell, Hotel Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Virginia Middle Nesch Last Nesch			4. DATE OF DEATH Month October Day 14 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-20-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. Crawford Co. Red Cross		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Washington, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE R.J. Nesch
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.	17. INFORMANT R.J. Nash, Stilwell Hotel Pittsburg, Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE RIGHT TEMPORAL DUE TO (b) RAE A-INTERNAL INJURIES DUE TO (c) CHEST INJURIES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4 HRS.
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) REAR END DRIVEN BY POTTS RAY STOP SIGN. MR NESCH STRUCK SIDE OF REAR END.	
20c. TIME OF INJURY 4:05 p.m.	Hour Month, Day, Year 10-14-61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ROUTE 96 AND DD.	
20e. CITY, TOWN, OR LOCATION MINERAL TWP. JASPER		COUNTY MO.	STATE
21. I attended the deceased from 9:15 P to 9:15 P and last saw him alive on 10-14-61 Death occurred at 9:15 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mendell Fuhr D.S. CORONER		22b. ADDRESS Frisco Bldg. Joplin, Mo.	22c. DATE SIGNED 10-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-17-61	23c. NAME OF CEMETERY OR CREMATORY Washington Cemetery	23d. LOCATION (City, town, or county) (State) Washington, Iowa
24. FUNERAL DIRECTOR ADDRESS Johnston-Simpson, Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 10-17-61	26. REGISTRAR'S SIGNATURE Mrs. Madeline Sirtgen

MAR 21 1962

OCT 24 1961

MS OCT 24 1961

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 Rayton S. Johnston
Licensed Embalmer No. 4304

P. O. Address Webb City, Miss

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.