

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019929

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 54

FILED MAY 31 1962

VS 300
Rev. 4/59

1860
2860

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																			
a. COUNTY <u>Rutnam</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Medicine Township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Rutnam</u>																	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Medicine Township</u>		Length of stay in -1b <u>1 1/2 Yrs.</u>		c. CITY OR TOWN <u>R. R. #1 Lucerne, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
c. FULL NAME OF (IF NOT in hospital, give location) <u>R. R. #1 Lucerne, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>Medicine township</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
3. NAME OF DECEASED (Type or print)			First <u>Glen</u>			Middle <u>F.</u>			Last <u>McNabb</u>			4. DATE OF DEATH			Month <u>May</u>			Day <u>20</u>			Year <u>1962</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/6/1888</u>		9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>		IF UNDER 24 HR Hours <u>1</u> Min. <u>11</u>											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>				11. BIRTHPLACE (City and state or country) <u>Sullivan County, Mo. U. S. A.</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>											
13a. FATHER'S NAME <u>Greenberry McNabb</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Banner</u>				14. NAME OF HUSBAND OR WIFE <u>Geneva Amel McNabb</u>															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 1</u>				16. SOCIAL SECURITY NO. <u>[Redacted]</u>				17. INFORMANT <u>Mrs. Amel McNabb</u>				Address <u>R. R. NO. 1 Lucerne, Mo.</u>											
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>											
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>																							
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) <u>Arteriosclerosis</u>										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.)																			
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 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 <u>Jan 20 1960</u> , to <u>May 20, 62</u> and last saw him alive on <u>May 16, 62</u> Death occurred at <u>10:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO.</u>						22b. ADDRESS <u>Newtown Mo</u>						22c. DATE SIGNED <u>5/23/62</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/23/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lucerne Cemetery</u>				23d. LOCATION (City, town, or county) <u>Lucerne, Missouri</u>															
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> BY <u>John N. Comstock</u>				ADDRESS <u>Unionville, Mo. 5-24-62</u>				25. DATE RECD. BY LOCAL REG. <u>5-24-62</u>		26. REGISTRAR'S SIGNATURE <u>Marshall Turbin</u>													

JUN 8 1962

JUN 4 1962

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.