No. 300
0-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1957

State File No. 42113

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 9302 Registrar's No. 35

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No street address

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 1021 Webster

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Vernon
b. (Middle): Francis
c. (Last): Nothnagel

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 31, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 3, 1891
**9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): County treasurer
**10b. KIND OF BUSINESS OR INDUSTRY**: xx
**11. BIRTHPLACE** (City and State or Foreign Country): Livingston Co., Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Nothnagle
**13b. MOTHER'S MAIDEN NAME**: Mary Wagner
**14. NAME OF HUSBAND OR WIFE**: Anna Nothnagle

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): xx
**16. SOCIAL SECURITY NO.**: 373-10-3334
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Anna Nothnagle, Chillicothe, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bergers Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Acute Coronary Occlusion Fur Minute
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov, 1948, *to* Dec 31, 1956, *that I last saw the deceased alive on* Dec 31, 1956, *and that death occurred at* 7:15P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. M. Russell M.D.
**23b. ADDRESS**: Chillicothe Mo
**23c. DATE SIGNED**: 1/2/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: Jan. 3, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Stucker cemetery
**24d. LOCATION** (City, town, or county) (State): Grundy Co., Mo.

**DATE REC'D BY LOCAL REG.**: 1-3-57
**REGISTRAR'S SIGNATURE**: Frances B. Neill
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Donald Gordon Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicoth

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