

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 - 1957

57-022304  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		Length of stay in 1b <b>46 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>331 No. Cedar</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle <b>Olive</b> Last <b>Wingate</b>			4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 17, 1903</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nursing</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. HOSPITAL</b>		11. BIRTHPLACE (City and state or country) <b>Madala, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Ralph M. Wingate</b>				14. MOTHER'S MAIDEN NAME <b>Lourinda Current</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>X</b> <b>X</b> <b>X</b>		16. SOCIAL SECURITY NO. <b>492-36-3241</b>		17. INFORMANT <b>Wayne Wingate</b>		Address <b>Nevada, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lower Nephritic Nephrosis; E. vermicularis - part cholecystectomy</b>						INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>cholecyctis chronic severe E marked with abdominal adhesions</b>		DUE TO (c)		approx 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>585X</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 <b>p. m.</b> 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 <b>Oct 31 1953</b> to <b>June 14, 1957</b> and last saw her/him alive on <b>June 14, 1957</b> Death occurred at <b>5:15 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James J. Hascall MD</i> (Degree or title)				22b. ADDRESS <b>Nevada Mo</b>		22c. DATE SIGNED <b>June 17 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-16-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>		23d. LOCATION (City, town, or county) <b>Vernon Co., Mo.</b>		(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Shorter Funeral Home Nevada, Mo</b>			ADDRESS <b>6-25-1957</b>		25. DATE RECD. BY LOCAL REG. <b>6-25-1957</b>	26. REGISTRAR'S SIGNATURE <i>Anna B. Ferris</i>	

JUN 24 1958

**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 *Lloyd C Mc Cord*

Licensed Embalmer No. *48*

P. O. Address *Nevada*

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