Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033333
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN 0510 Holden — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION C&R Apts — Length of stay in Ib 80 year	d. STREET ADDRESS (If outside, give location) C&R Apts. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First Nellie	Middle Vivian	Last Nawgel	4. DATE OF DEATH Month Day Year Sept 20, 1958

5. SEX female /	6. COLOR OR RACE white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH July 15, 1877	9. AGE (In years on last birthday) 81	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Boulder, Colorado /	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James M. Moore	13b. MOTHER'S MAIDEN NAME Mary Alice Bates	14. NAME OF HUSBAND OR WIFE David Talbert Nawgel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) xxxx	16. SOCIAL SECURITY NO. 490-30-6230	17. INFORMANT Address Alice Stephenson, Holden, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a)

Diabetes Mellitus - Gen Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 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 [ ] NOT WHILE AT WORK [ ] — 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 Mar 1956, to Sept 1958 and last saw her/him alive on Sept 19 1958

Death occurred at 7 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kelly Rawlins M.D.	22b. ADDRESS Holden Mo	22c. DATE SIGNED 9/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Missouri.

24. FUNERAL DIRECTOR ADDRESS Canaday & Ropp, Holden, Mo.	25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE Mrs G.V. Redford

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 M. L. Conaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missour

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.