MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001916

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 55

FILED JAN 18 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 40 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPH HOSP. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5521 BELLEFONTAINE — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: EDITH Middle: CAROLINE Last: NUGENT

4. DATE OF DEATH: Month: JANUARY Day: 5 Year: 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 5-5-1881
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): MT. STERLING ILL
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM ALGAIER
13b. MOTHER'S MAIDEN NAME: MARY SCHOTT
14. NAME OF HUSBAND OR WIFE: PETER J. NUGENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: R.E. NUGENT Address: 1900 CENTRAL AVE. K.C. KAN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac decompensation with cor pulmonale	4 days
DUE TO (b)	Hypertensive cardio-vascular disease	yrs
DUE TO (c)	Strangulated ventral hernia	6 days

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

Dec 29 1961

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Surgery: Removal of gangrenous bowel in strangulated hernia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 30 Dec 61, to 5 Jan 62 and last saw her alive on 4 Jan 62
Death occurred at 2 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Howard E. Linville (Degree or title) MD
22b. ADDRESS: 1103 Grand Ave, K.C. Mo
22c. DATE SIGNED: 6 Jan 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1-8-1962
23c. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY, KANS

24. FUNERAL DIRECTOR: THE NUGENT FUNERAL HOME ADDRESS: K.C. KS
25. DATE RECD. BY LOCAL REG.: 1-6-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1963

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_____ Signed Robert Emmet Dugent

Signature of Student Embalmer

Licensed Embalmer No. 3491

P. O. Address 1909 Central Ave
Kansas City 2, Kans

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.