

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 64

Registration District No. 566 Primary Registration District No. 3030

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

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town CHARLESTON
(c) Name of hospital or institution: 319 EAST CYPRESS
(d) Length of stay: In hospital or institution. ALL OF LIFE
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(d) Street No. 319 E. CYPRESS ST
(e) Citizen of foreign country? NO
If yes, name country NONE

3. (a) PRINT FULL NAME ALBERT LUKE NAIVE
(b) If veteran, NO (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 13TH
year 1942 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1937 to July 13 1942
that I last saw him alive on July 13 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNIE ELIZABETH NAIVE
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased AUGUST 27, 1868

Immediate cause of death Coronary Occlusion
Due to arteriosclerosis
Due to Cardio-vascular-renal
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 10 Days 16
If less than one day hr. min.

Major findings: Of operations NONE
Of autopsy NONE
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Birthplace MISSISSIPPI COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business RETIRED

MOTHER FATHER { 12. Name JAMES H. NAIVE
13. Birthplace NASHVILLE TENNESSEE
14. Maiden name MARY HARRISON
15. Birthplace STATE OF VIRGINIA

16. (a) Informant MRS ANNIE E. NAIVE

(b) Address 319 E. CYPRESS, CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 7-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1006 - CHARLESTON, MO

18. (a) Signature of funeral director John P. ...

(b) Address CHARLESTON, MO

19. (a) July 15/42 (b) J. S. Moore
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work ...
23. Signature E. Cheslowing (M. D. or other)
Address Charleston, Mo Date signed 7/15/42

1257

RECEIVED

District Health Office No. 2

District File Number 842-1033

Date Filed 8-10-42

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, and
Joe Robert Nunnellee Registered Apprentice No. ??
working under my personal supervision.

Signed John P. Nunnellee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston 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 this body is not embalmed, fact should be so stated above.