

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

FILED OCT 10 1949

State File No. 32774

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6/81 Registrar's No. 52

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)	
a. COUNTY <u>TANEY</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Protem, Mo.</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>TANEY, Mo.</u>
c. LENGTH OF STAY (in this place) <u>YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Protem, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>9</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HUBIN</u>	b. (Middle) <u>L</u>	c. (Last) <u>NAVE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept 3, 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 9, 1921</u>	9. AGE (In years last birthday) <u>28</u>	10. MONTHS <u>4</u>	11. DAYS <u>4</u>	12. IF UNDER 14 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Taney Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>FRED NAVE</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Magnolia</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA MAUDE NAVE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give way or date of service) <u>WW II 520-16-6844</u>	17. INFORMANT'S SIGNATURE OR NAME <u>med Edna Nave</u>	ADDRESS <u>Protem Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Murdered</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>8:18</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>shot with 38 Cal. Rifle</u>		
	DUE TO (c) <u>shot through chest and neck</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SURVIVE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Protem</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Protem Taney Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 3, 1949 3:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>shot with 32 Cal. Rifle</u>
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22. I hereby certify that I attended the deceased from Sept 3, 1949, to Sept 3, 1949, that I last saw the deceased Sept 3, 1949, and that death occurred at 6:00 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry Foreyth Caramer</u>	23b. ADDRESS <u>Protem Mo</u>	23c. DATE SIGNED <u>9-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Protem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Protem Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-5-49</u>	REGISTRAR'S SIGNATURE <u>A. E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Foreyth Funeral Home</u>	ADDRESS <u>Protem Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

06
9

OCT 21 1949
676117 120

RECEIVED SEP 15 1949

District Health Office

District File Number 949-1048

Date Filed 10-7-49

MAY 20 1952

MAY 22 1952

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
Student Embalmer

Signed Minnie L. Wheeler

Licensed Embalmer No. 2277

P. O. Address Burson W.

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.