

3. No. 300
v. 10-48

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **83527**
Registrar's No. **531**

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5444**

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Athens		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Athens	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) E. Howell 505 W. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Harrison	c. (Last) Napier	4. DATE OF DEATH (Month) (Day) (Year)
				Oct 16 - 1949

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 25 - 1874	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
		widowed		75	Months	Days	Hours
					-	21	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME W. N. Napier	13b. MOTHER'S MAIDEN NAME Pernetta Johnson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Evans, Albany Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days + years 4 1/2 22
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mural Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Albany, Gentry Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1924**, to **10-16**, 1949, that I last saw the deceased alive on **10-16**, 1949, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank H. Ross M.D.	23b. ADDRESS Albany, Mo.	23c. DATE SIGNED 10-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 18, 1949	24c. NAME OF CEMETERY OR CREMATORY Miller	24d. LOCATION (City, town, or county) (State) Denver, Mo.
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DATE REC'D BY LOCAL REG. Oct 21 - 49	REGISTRAR'S SIGNATURE Mrs Edith Childers	430	25. FUNERAL DIRECTOR'S SIGNATURE Clifford Burke	ADDRESS Albany Mo
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(Licensed Embalmer's Statement - Reverse Side)

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

STATE 6 T 10N



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 me

Student Embalmer No.

working under my personal supervision.

Signed Clifford Brooks

Signed
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.