

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 272

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 55

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | |
| c. LENGTH OF STAY (in this place) 35 years | | d. STREET ADDRESS (If rural, give location) 1315 Grand Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1315 Grand Ave. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ellen | b. (Middle) **** | c. (Last) Nave | 4. DATE OF DEATH (Month) (Day) (Year) January 16, 1950 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH September 15, 1866 | 9. AGE (In years last birthday) 83 | 10. UNDER 1 YEAR Months | 11. UNDER 24 HRS. Days | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) Villisca, Iowa. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Milton Bundy | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE George D. Nave. |
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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) No ***** | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Frank Nave | ADDRESS St. Joseph, Missouri. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lobar pneumonia left lower lobe. | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 490X |

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 8 Dec, 1949, to 16 Jan, 1950, that I last saw the deceased alive on 15 Jan, 1950, and that death occurred at 10:15 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>W. S. Timm M.D.</i> | 23b. ADDRESS 24th Bldg. St. Joseph, Mo. | 23c. DATE SIGNED 17 Jan 50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4 | 24b. DATE Jan. 18, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Armatrong Cemetery | 24d. LOCATION (City, town, or county) (State) Rushville, Missouri |
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| DATE REC'D BY LOCAL REG. Jan. 19, 1950 | REGISTRAR'S SIGNATURE <i>H. B. Jenkins</i> 387 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Halter Meierhoffer</i> | ADDRESS 1046 Colman St. St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Raymond H. Morches

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.