

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31422

State File No. \_\_\_\_\_

Registrar's No. 153BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 6040

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan Rural, Paynor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan Rural, Paynor Twp.</u>	
c. LENGTH OF STAY (in this place) <u>29 years</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles S.W. of Doniphan, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles S.W. of Doniphan, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Verna</u> b. (Middle) <u>Mae</u> c. (Last) <u>Napier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>April 13, 1921</u>		9. AGE (In years last birthday) <u>29</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>office clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Mfg. Ind.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>Charles Louis Napier</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Ann Young</u>		14. NAME OF HUSBAND OR WIFE <u>- - - - -</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-18-7018</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Ruth Murphy</u>	
				ADDRESS <u>Doniphan, Mo.</u>	

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) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
		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.			

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) (Min.)		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 Oct 1, 1949 to Oct 2, 1950, that I last saw the deceased alive on July 15, 1950 and that death occurred at 12:08 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford G. Fort m.d.</u>		23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>10-4-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-4-50</u>		REGISTRAR'S SIGNATURE <u>E. O. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Mearns</u>	
				ADDRESS <u>Doniphan Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

910

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1961 E 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Ray Means.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3743.

P. O. Address Doniphan, 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.