

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27466

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 62			
1. PLACE OF DEATH a. COUNTY Jefferson 0500				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Rock Township)		c. LENGTH OF STAY (in this place) 60 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township 0500		d. STREET ADDRESS (If rural, give location) Near Imperial Mo 0			
3. NAME OF DECEASED a. (First) Edward b. (Middle) Naes c. (Last) Naes				4. DATE OF DEATH Aug 10 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16, 1890			
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 1 Days 24		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Kimmswick Mo, 0		12. CITIZEN OF WHAT COUNTRY? U, S. A.			
13a. FATHER'S NAME August Naes		13b. MOTHER'S MAIDEN NAME Threasa Arnold		14. NAME OF HUSBAND OR WIFE Lucille Naes					
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Naes Kimmswick Mo					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		443X			
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?					
22. I hereby certify that I attended the deceased from 7-19-51, 1951, to Aug-51, 1951, that I last saw the deceased alive on (in past wk.) 19 51 and that death occurred at 9:30A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS 1930 Lindell Blvd. St. Louis, Missouri		23c. DATE SIGNED 8-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 13 1951		24c. NAME OF CEMETERY OR CREMATORY St. Joseph		24d. LOCATION (City, town, or county) (State) Kimmswick Mo			
DATE REC'D BY LOCAL REG. Aug 26 1951		REGISTRAR'S SIGNATURE Ruth J. J... 438		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heiligttag Funeral Home Kimmswick Mo					

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 27 1957

DATE RECEIVED 8-23-57

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 *Elmer Haligtay*

Licensed Embalmer No. *3577*

P. O. Address *Hinmanick M*

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.