

No. 300  
10. 48

FILED FEB 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4252

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5220 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Coldwater Twp.</u>		c. LENGTH OF STAY (In this place) <u>Life.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital. At Home</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles N/E Drexel, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>WELLING</u> c. (Last) <u>NAPTON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1952.</u>
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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>Sep. 25, 1872</u>	9. AGE (In years last birthday) <u>77</u>	If UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	If UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer.</u>	11. BIRTHPLACE (State or foreign country) <u>Cass County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Napton.</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie J. Smith.</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Williams Napton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Napton, Lisle, Mo.</u>	ADDRESS <u></u>
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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, ashenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis -</u>		<u>10405</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Cystitis -</u> <u>Due to (b) Extra Capsular Prostate 7</u>		<u>8-10405</u>
II. OTHER SIGNIFICANT CONDITIONS - <u>not equal to death - left femur - June 28 - 1951.</u>			

19a. DATE OF OPERATION <u>July 15 - 1951 -</u>	19b. MAJOR FINDINGS OF OPERATION <u>Small Prostate Node</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 June 28, 1951, to Feb. 13, 1952, that I last saw the deceased alive on Feb. 13, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Basil Ostertoff M.D.</u>	23b. ADDRESS <u>Drexel, Missouri</u>	23c. DATE SIGNED <u>2/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>
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DATE RECD BY LOCAL REG. <u>2/16/52</u>	REGISTRAR'S SIGNATURE <u>Nora Barward</u>	457- <u>01</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Drexel, Mo.</u>
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(Licensed Embalmer's Statement (on Reverse Side))

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

APR 15 1952

RECEIVED  
FEB-16 1952  
CASS COUNTY  
HEALTH DEPARTMENT

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, Personally

~~SIGNED BY THE EMBALMER~~

working under ~~my personal supervision~~

Student XXXXXXXXXXXXXXXXXXXX  
Student Embalmer

Signed J.B. Hays J.B. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.