

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30536

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>852</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>1060</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Taney</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Proctor, mo.</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shags Community Hosp.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) <u>NAVE</u> c. (Last) <u>NAVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>12-23-</u>		9. AGE (In years last birthday) <u>80</u>		10. AGE (In yrs. Months Days) (Hours) (Min.) <u>80</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Adams</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Heavis</u>		14. NAME OF HUSBAND OR WIFE <u>Tobe NAVE</u>				
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecilia N. Copelin</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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 <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>16 Aug, 1952</u> , to <u>20 Aug, 1952</u> , that I last saw the deceased alive on <u>20 Aug, 1952</u> , and that death occurred at <u>1:42 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. C. Magnus MD</u>			23b. ADDRESS <u>Branson, mo</u>			23c. DATE SIGNED <u>8/20/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Proctor Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Proctor, Taney, mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-20-52</u>		REGISTRAR'S SIGNATURE <u>J. E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chick King Funeral Home, Branson, mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles R. Fish

Licensed Embalmer No. 4667

P. O. Address Am, 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.