

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18192**  
**2528**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>40 YEARS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>8201 LYDIA AVENUE</b>			
3. NAME OF DECEASED (Type or Print) <b>BARBARA</b>		a. (First)	b. (Middle) <b>—</b>	c. (Last) <b>NAUMAN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 14 1953</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 26 - 1868</b>		9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NEAR CARROLLTON, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ADAM KRAMER</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA GANZ</b>	
14. NAME OF HUSBAND OR WIFE <b>CHARLES W. NAUMAN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VERNON W. NAUMAN, 8201 LYDIA, K.C. Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>acute Circulatory Failure</b>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Circulatory Failure</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Popillary Adenocarcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>	
20. ANATOMY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pulmonary Embolism</b>		<b>2 hrs</b>	
22. DATE OF OPERATION <b>5 years</b>		23. MAJOR FINDINGS OF OPERATION <b>Serous Adenoma 15X</b>		<b>5 years</b>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
27. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 2, 1952 to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Donald R. Collins</b> (Degree or title)		23b. ADDRESS <b>8210 Woodland N.C. Mo.</b>		23c. DATE SIGNED <b>May 15-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 16, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL HOME OR PLACE OF BURIAL ADDRESS <b>1301 GRUSH STREET BLVD. KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>5-16-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>			

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.....  
Signature of Student Embalmer

Signed *Charles H. Stuber*.....

Licensed Embalmer No. *456*

P. O. Address *110 W*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.