

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3984 State File No. 16927

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>62-97</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laquey</u>		c. LENGTH OF STAY (in this place) <u>6 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laquey</u>		d. STREET ADDRESS (If rural, give location) <u>Normandy Serv. Sta. Hgwy 66</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Normandy Serv Sta.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) <u>Alice</u> c. (Last) <u>Napier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1954</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>Dec 5 1920</u>			
9. AGE (in years last birthday) <u>33</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (Invalid)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Invalid</u>		9. AGE (in years last birthday) Months _____ Days _____ Hours _____ Min. _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Herbert H Napier</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Hull</u>			
14. NAME OF HUSBAND OR WIFE <u>None</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Napier</u> ADDRESS <u>Laquey Missouri</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (lobar)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Marked crippling deformity due to congenital cerebral palsy.</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>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>490Xn</u>		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)					
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?					
22. I hereby certify that I attended the deceased from <u>May 26, 1954</u> , to <u>May 28, 1954</u> , that I last saw the deceased alive on <u>May 25, 1954</u> , and that death occurred at <u>1200 Noon</u> on the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. D. ... MD</u>				23b. ADDRESS <u>Waynesville Missouri</u>		23c. DATE SIGNED <u>May 28 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 28 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-28-54</u>		REGISTRAR'S SIGNATURE <u>Paula ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy ...</u> ADDRESS <u>HEDGES FUNERAL HOME CROCKER MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-54
Pulaski County Health Office
File Number
Date Filed 6-5-54

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 *Clarence Groves*

Licensed Embalmer No. 40

P. O. Address *Wagoner, Okla*

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.