

No. 300
10-48

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18478

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

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5478 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		c. CITY OR TOWN <u>Holcomb</u>	
c. LENGTH OF STAY (in this place) <u>56 yrs.</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-City</u>		F. STREET ADDRESS (If rural, give location) <u>City 0350</u>	
3. NAME OF DECEASED a. (First) <u>MARTIN</u> b. (Middle) <u>VAN</u> c. (Last) <u>NAPPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1954</u>
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>March 6, 1882</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 4 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clarkton, Mo. Rural</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>C. C. Napper</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Napper</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 <u>Verda Napper, Holdomb, Missouri</u>		ADDRESS	
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>Cardiovascular Disease</u> <u>Arteriosclerosis</u> <u>Hypertension</u> DUE TO (b) <u>↑</u> DUE TO (c) <u>↑</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Postitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
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>5/2</u> , 19 <u>54</u> , to <u>6/7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/7</u> , 19 <u>54</u> , and that death occurred at <u>5:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John E. Cochran</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Holcomb</u>	
23c. DATE SIGNED <u>6/9/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-11-54</u>	REGISTRAR'S SIGNATURE <u>J. Henderson</u> <u>90</u>	25. FURNERAL DIRECTOR'S SIGNATURE? ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-16-54
COUNTY FILE NUMBER 654-1

JUN 28

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 *Christina M. Landess*.....

Licensed Embalmer No... 422

P. O. Address *Campbell,*.....

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.