

FILED JUL 21 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24034**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **6297** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lagney, Missouri</b>	c. LENGTH OF STAY (in this place) <b>15 mos</b>	c. CITY OR TOWN <b>Lagney, Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None Rural</b>		• STREET ADDRESS (If rural, give location) <b>Rural 0850</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hubert</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Napier</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 13, 1900</b>	9. AGE (in years last birthday) <b>54</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Clair, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Edward Napier</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Belle Short</b>	14. NAME OF HUSBAND OR WIFE <b>Lucille Napier</b>
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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>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Napier</b>	ADDRESS <b>Lagney, Missouri</b>
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18. CAUSE OF DEATH 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		INTERVAL BETWEEN ONSET AND DEATH <b>30 Sec.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		<b>8 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>Acute coronary occlusion</b> DUE TO <b>Coronary artery heart disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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 **July 6, 1954** to **July 14, 1954**, that I last saw the deceased alive on **July 6, 1954** and that death occurred at **4:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. D. Mueser MD</b>	23b. ADDRESS <b>Waynesville, Missouri</b>	23c. DATE SIGNED <b>July 16, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 14, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prospect Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Clair, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-16-54</b>	REGISTRAR'S SIGNATURE <b>Paula Joyce Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges</b>	ADDRESS <b>Funeral Home Waynesville, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-16-54  
Nebraska Health Officer  
File Number  
Date Filed 7-17-54

AUG 9

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 *Clarence Moore*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville*

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.