

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31203

State File No. _____

FILED OCT 1 1954

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Noel</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Noel</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>—</u> c. (Last) <u>Naulty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 15, 1903</u>		9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</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>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York City NY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Ben. Rosen</u>		13b. MOTHER'S MAIDEN NAME <u>Paula Rosen</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. A. Naulty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. A. Naulty</u> ADDRESS <u>Noel Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hydrostatic Pneumonia 4 days</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrostatic Pneumonia 4 days</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>intestinal obstruction 12 days</u> <u>PRIMARY TRANSVERSE</u> DUE TO (c) <u>adenocarcinoma colon</u> ?			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153 X</u>			

19a. DATE OF OPERATION <u>2-20-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Primary Adenocarcinoma Transverse Colon</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 2-10, 1954 to 8-15, 1954, that I last saw the deceased alive on 8-15, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William F. Naulty D.O.</u> (Degree or title)		23b. ADDRESS <u>Noel, Mo.</u>		23c. DATE SIGNED <u>9-15-54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Denver, Colo.</u>

DATE REC'D BY LOCAL REG. <u>9-25-54</u>		REGISTRAR'S SIGNATURE <u>Maya Humphrey</u> <u>423</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. M. Humphrey</u> ADDRESS <u>Noel, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

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 F. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.