

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41539

State File No. ....

FILED JAN 10 1956

BIRTH NO. 78731-55 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Plumas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Plumas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bural Hayti</u> c. LENGTH OF LIFE <u>Life</u>		c. CITY OR TOWN <u>Hayti</u> 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		STREET ADDRESS (If rural, give location) <u>4 mi S.W. Hayti</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICKIE</u> b. (Middle) <u>NAVE</u> c. (Last) <u>NAVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-26-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>NOV-12-1953</u>
9. AGE (In years last birthday) <u>1</u>	10. MONTHS <u>1</u>	11. DAYS <u>14</u>	12. IF UNDER 1 YEAR Hours <u>14</u> Min.
10a. USUAL OCCUPATION (If kind of work done during part of work life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Curtis Nave</u>	13b. MOTHER'S MAIDEN NAME <u>Arnie Jones</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Nave</u> ADDRESS <u>Hayti, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7720</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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>11-12</u> , 19 <u>53</u> , to <u>12-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>55</u> , and that death occurred at <u>9:25</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C.D. Lewis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hayti Mo.</u>	23c. DATE SIGNED <u>12-30-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-31-55</u>	REGISTRAR'S SIGNATURE <u>John H. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Dean</u>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

1-4-56

JAN 9 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup>  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Neil C. Deane*

Licensed Embalmer No. *398*

P. O. Address *Caruthersville*

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.