

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8626**

FILED MAR 22 1956

BIRTH NO. _____		REG. DIST. NO. <b>107</b>		PRIMARY REG. DIST. NO. <b>3019</b>		Registrar's No. <b>45</b>	
1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KENNETT</b>		c. LENGTH OF STAY (In this place) <b>1 DAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MALDEN</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DUNKLIN COUNTY MEMORIAL</b>				d. STREET ADDRESS (If rural, give location) <b>303 N. MADISON</b>			
3. NAME OF DECEASED (Type or Print) <b>IRA</b>		a. (First)		b. (Middle) <b>CLAUDE</b>		c. (Last) <b>NAPPER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 7 1956</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	
8. DATE OF BIRTH <b>8-16-1888</b>		9. AGE (In years last birthday) <b>67</b>		10. UNDER 1 YEAR Months		11. UNDER 1 HR. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WHOLESALE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>OAK GROVE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WAKEFIELD NAPPER</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY</b>		14. NAME OF HUSBAND OR WIFE <b>IRENE NAPPER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. IRENE NAPPER MALDEN, MO.</b>			
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) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery Disease</b> 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 <b>3 days</b> <b>5 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>H 201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>3-7-56</b>		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 <b>1-29-</b> <b>1954</b> , to <b>3-7-</b> <b>1956</b> , that I last saw the deceased alive on <b>3-6-56</b> , 19____, and that death occurred at <b>6:45 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul Husband</b>		(Degree or title)		23b. ADDRESS <b>M. D. 305 W. Main, Malden, Mo.</b>		23c. DATE SIGNED <b>3-9-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-9-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>park cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>MALDEN, MO.</b>	
DATE REC'D BY LOCAL REG <b>3-12-1956</b>		REGISTRAR'S SIGNATURE <b>Paul Husband</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DAY FUNERAL HOME, MALDEN, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

960

MAR 28 1956

RECEIVED DUNKLIN COUNTY H

DEPARTMENT ... 3-19-56

COUNTY FILE NUMBER ... 356

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 *J. W. Shuman*

Licensed Embalmer No. 4086

P. O. Address Malden, 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.