

No. 300  
10. 48

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42100

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3090 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Livingson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Breckenridge</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>0130,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u> b. (Middle) <u>Elmerota</u> c. (Last) <u>NAVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 - 1956</u>		
5. SEX <u>fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 10 - 1893</u>	9. AGE (In years last birthday) <u>63 yrs</u>	IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elsherry, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>W. H. Cannon</u>		13b. MOTHER'S MAIDEN NAME <u>E. V. Jamison</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Naves</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Naves Breckenridge 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</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>Bronchopneumonia</u> <u>Pyelonephritis</u> <u>Rheumatoid Arthritis</u>		<u>20 days</u> <u>6 days</u> <u>unknown</u>
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) _____
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? _____

22. I hereby certify that I attended the deceased from August, 1953, to Dec 7, 1956, that I last saw the deceased alive on Dec 7, 1956 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William L. Fair, M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>12-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edge Wood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo</u>
DATE REC'D BY LOCAL REG. <u>12-8-56</u>	REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meard Funeral Service, Breckenridge Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 15 1930

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 *Donald L. Neal* .....

Licensed Embalmer No. *2801*

P. O. Address *Dayton, Ohio*

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.