

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28562
STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Joachim		c. CITY OR TOWN Festus	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. #2		d. STREET ADDRESS (If outside, give location) R. F. D. #2	
3. NAME OF DECEASED (Type or print) First Middle Last George F. Nauman		4. DATE OF DEATH Month Day Year Aug. 10, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 21, 1900
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		9b. AGE (In years last birthday) 56	
10. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		11. BIRTHPLACE (City and state or country) Doe Run Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Nauman	
14. MOTHER'S MAIDEN NAME Edith Neidert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-09-8778		17. INFORMANT Mrs. Estella Naumann, R # 2, Festus, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 331X			INTERVAL BETWEEN ONSET AND DEATH 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 7:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank A. [Signature]		22b. ADDRESS Festus, Mo	
22c. DATE SIGNED 8/11/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-Burial		23b. DATE 8-13-57	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Hermitage, Mo	
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc. Festus, Mo.		25. DATE RECD. BY LOCAL REG. 8-12-57	
26. REGISTRAR'S SIGNATURE [Signature]			

diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MISSOURI
HEALTH

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

AUG 20 1957

MS
OCT 28 1957
SEP 30 1957

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 H. Wingard*

Licensed Embalmer No. *46*

P. O. Address *Fertus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.