

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028945
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUND City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOUND City ⁰⁴⁴⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNCAN Nur. Hm.		Length of stay in 1b 7 wks.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) CARRIE ELIZABETH NAUMAN			4. DATE OF DEATH Aug. 29, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 13, 1891	9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRY goods	11. BIRTHPLACE (City and state or country) FAIRFAX, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM G. CREED		13b. MOTHER'S MAIDEN NAME THEODOSIA BEAR		14. NAME OF HUSBAND OR WIFE ERNEST W. NAUMAN	
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. 490.34-9300		17. INFORMANT Address MRS. VIRGINIA FUHRMAN-MARTLAND Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Endometrial carcinoma	172X
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <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 6/29/58 to 8/29/58 and last saw her ^{her} him alive on 8/24/58 Death occurred at 11:15 am on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Wiedemeyer MD	(Degree or title) MD	22b. ADDRESS Yonkers Mo.
22c. DATE SIGNED 9/2/58		

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/31/58	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cem.	23d. LOCATION (City, town, or county) (State) Holt County, Mo.
24. FUNERAL DIRECTOR James H. Crawford		ADDRESS Mound City, Mo.	25. DATE RECD. BY LOCAL REG. 9-2-1958
26. REGISTRAR'S SIGNATURE James H. Crawford			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *James H Crawford*
Licensed Embalmer No. *4796*
P. O. Address *Mound City*

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.