

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037352  
STATE FILE NUMBER

9  
FILED OCT 29 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 201

S. 300  
v. 1-57

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doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>609 Main St.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JAMES LAWRENCE NAWN</b>			4. DATE OF DEATH Month <b>October</b> Day <b>20</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8 Sept. 1867</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mining-Farming, Retd.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining &amp; Agr.</b>	11. BIRTHPLACE (City and state or country) <b>Middlesex, Pa.,</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Hugh Nawn</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Clery</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Nawn.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No xx</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Rolla, Mo</b> <b>Miss Agnes Nawn, 609 Main St.,</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Est. Fracture left femur</b>					INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>chr arteriosclerotic heart disease.</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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. 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 <b>Rolla</b> COUNTY STATE	
21. I attended the deceased from <b>past 20 yrs</b> to <b>10-20-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>10-20-58</b> Death occurred at <b>4:00PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E. E. Fand m, D.</b>		22b. ADDRESS <b>Rolla mo.</b>		22c. DATE SIGNED <b>10-22-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>23 Oct. 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri.</b>
24. FUNERAL DIRECTOR BY <b>S. S. Sons Funeral Home</b>		ADDRESS <b>Rolla</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 22 1958</b>		26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>

RECEIVED  
Phelps County Health  
County File Number   /    
Date Filed OCT 27 19

**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 S. E. Muel .....  
Licensed Embalmer No. 3397 .....  
P. O. Address Walla WA .....

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.