

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004605
State File No.

FILED MAR 9 1959

BIRTH NO. _____ REG. DIST. NO. 042 PRIMARY REG. DIST. NO. 1000 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Holt</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Joseph</i>		c. LENGTH OF STAY (in this place) <i>10 days</i>	c. CITY OR TOWN <i>Craig</i> <i>6448</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Methodist Hospital</i>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Mary</i>	b. (Middle) <i>Clyde</i>	c. (Last) <i>Nauman</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 26, 1959</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 11, 1885</i>	9. AGE (In years last birthday) <i>73</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Craig, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Edgar Melton</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Judy</i>	14. NAME OF HUSBAND OR WIFE <i>Frank Nauman</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Frank Nauman</i> ADDRESS <i>2403 Lafayette St. Joseph, Mo.</i>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lymphoepithelioma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>± 6 mo</i>
	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. <i>Atherosclerotic heart disease</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from *2-14-59*, 1959, to *2-26-59*, 1959, that I last saw the deceased alive on *2-26*, 1959, and that death occurred at *5:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>William H. Ames M.D.</i> (Degree or title)	23b. ADDRESS <i>902 Edwards St. St. Joseph</i>	23c. DATE SIGNED <i>2-27-59</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2/28/59</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Liberty</i>	24d. LOCATION (City, town, or county) (State) <i>Craig, Mo</i>
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DATE REC'D BY LOCAL REG <i>Mar 2, 1959</i>	REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>	FEDERAL DIRECTOR'S SIGNATURE <i>Wilber L. Scholer</i> ADDRESS <i>Craig, Mo</i>
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Dr. William H. Ames
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Schoeler.....

Licensed Embalmer No. 3997.....

P. O. Address Craig, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.