

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020871

FILED JUL 15 1959

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>JUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barber</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Kennett</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>NAUGHTER</u> Last <u>NAUGHTER</u>			4. DATE OF DEATH Month <u>July</u> Day <u>8</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/11-1894</u>	9. AGE (if birthday) <u>65</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>As known</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Huntsville Ala</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					

13. FATHER'S NAME <u>George Naughter</u>		13b. MOTHER'S MAIDEN NAME <u>Lezzie Custer</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>Not Known</u>		17. INFORMANT <u>Not Known - Huntsville, Ala</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>		<u>7</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>6:15</u> a.m. Month, Day, Year <u>7/8/59</u>		

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.) <u>6:15 AM - 7/8/59</u>	20f. CITY, TOWN, OR LOCATION <u>6:30 AM 7/8/59</u>	COUNTY <u>7/8/59</u>	STATE
21. I attended the deceased from <u>6:15 AM - 7/8/59</u> to <u>6:30 AM 7/8/59</u> and last saw her/him alive on <u>7/8/59</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Leo J. Benson M.D.</u> (Degree or title)		22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>7/10/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 10-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leant Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Huntsville R - Ala</u>	

24. FUNERAL DIRECTOR <u>Paul Schuman - Kennett, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>July 10-1959</u>	26. REGISTRAR'S SIGNATURE <u>Paul Schuman</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1959

STATEMENT BY LICENSED EMBALMER

MAR 8 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. J. Schaeffer

Licensed Embalmer No. 4086

P. O. Address Meden

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