URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 31 1959

59-031239

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 84

NDED

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Protem — Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Taney
c. CITY OR TOWN: Protem — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LOUIE — Middle MACK — Last NAVE

4. DATE OF DEATH: Month Aug. Day 17, Year 1959

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-17-1900
9. AGE (last birthday): 59-5-29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: truck driver
11. BIRTHPLACE (City and state or country): Ark
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jacob Nave
13b. MOTHER'S MAIDEN NAME: Urella Andrews
14. NAME OF HUSBAND OR WIFE: Nina Nave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Nina Nave — Address: Protem, Mo

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)	Pulmonary edema	6-8 hr.
DUE TO (b)	Congestive heart failure	1 wk.
DUE TO (c)	carcinomatosis - general debility.	2 yr.

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 (a): clinically had carcinoma of abdomen - ascities

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6/6/59, to 8/17/59 and last saw her/him alive on 8/10/59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur L. Beard MD.
22b. ADDRESS: Gainesville, Mo.
22c. DATE SIGNED: 8/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-18-59
23c. NAME OF CEMETERY OR CREMATORY: Wolf Cemetery
23d. LOCATION (City, town, or county) (State): Protem, Mo

24. FUNERAL DIRECTOR — ADDRESS: Forsyth Funeral Home, Forsyth, Mo
25. DATE RECD. BY LOCAL REG.: 8-25-59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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 _____ Signed Walter S. Cobb

Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Bravo

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