

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019182

FILED VS JUN 6 1960

139

Primary Registration District No. 4221

Registrar's No. 31

STATE FILE NUMBER

INDEXED

| | | | |
|--|--|---|--|
| 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 | | Length of stay in 1b 4 mos. | c. CITY OR TOWN MOUND City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION DUNCAN NURSING HOME | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 10 MILES N.W. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last JAMES EDWARD NAUMAN | | | 4. DATE OF DEATH Month Day Year MAY 31, 1960 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-11-1872 | 9. AGE (last birthday) 87 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) PAGE Co., VIRGINIA | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME JOSEPH S. NAUMAN | | 13b. MOTHER'S MAIDEN NAME MARY A. LONG | | 14. NAME OF HUSBAND OR WIFE CARRIE E. 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. UNKNOWN | 17. INFORMANT NORVALE E. NAUMAN - MOUND City, Mo Address | |

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|---|----------------------------|--|--|
| 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 5 yrs |
| IMMEDIATE CAUSE (a) | Coronary infarction | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. | arterio-sclerosis | | |
| 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 a.m. p.m. | Month, Day, Year | | |
| 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 | COUNTY STATE |
| 21. I attended the deceased from May 1955 to May 31 60 and last saw her/him alive on 5-30-60 Death occurred at 7 a m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|---|------------------------------|--|--|-----------------------------------|
| 22a. SIGNATURE DB Perry M D (Degree or title) | | 22b. ADDRESS MOUND City Mo | | 22c. DATE SIGNED 6-2-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 6-2-1960 | 23c. NAME OF CEMETERY OR CREMATORY New LIBERTY | 23d. LOCATION (City, town, or county) (State) HOLT County, Mo. | |
| 24. FUNERAL DIRECTOR JAMES H. CRAWFORD, MOUND City, Mo ADDRESS | | 25. DATE RECD. BY LOCAL REG. 6-2-60 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 9 1967

OCT 14 1966

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 _____
Signature of Student Embalmer

Signed James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound

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