SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 75 Primary Registration District No. 4139 Registrar's No. 66 STATE FILE NUMBER 61-024512

FILED JUL 19 1961

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Turney
Length of stay in 1b: 90 yr
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: Clinton
c. CITY OR TOWN: Turney
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Highway
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ANDREW Middle: JACKSON Last: NAVE

4. DATE OF DEATH: Month: July Day: 7 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: August 25, 1870

9. AGE (last birthday): 90

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (City and state or country): Turney, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S

13a. FATHER'S NAME: Allen Nave

13b. MOTHER'S MAIDEN NAME: Cassie J. Miner

14. NAME OF HUSBAND OR WIFE: Amelia Schaffst ALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Amelia Nave, Address: Turney, 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)	Cerebral Thrombosis	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	4-5 yrs
DUE TO (c)	Generalized Arteriosclerosis	6-8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chr. Pulmonary emphysema and fibrosis 8 yrs

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 August 10, 1953, to 7/7/61 and last saw him alive on 7-4-61
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John P. Mabry M.D.

22b. ADDRESS: Plattsburg, Mo.

22c. DATE SIGNED: 7-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/9/61

23c. NAME OF CEMETERY OR CREMATORY: Turney Cemetery

23d. LOCATION (City, town, or county) (State): Turney Mo.

24. FUNERAL DIRECTOR: DeMoss Grunk Cameron, Mo.

25. DATE RECD. BY LOCAL REG.: 7-11-61

26. REGISTRAR'S SIGNATURE: Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, M

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