

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037730

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1263

STATE FILE NUMBER

FILED NOV 15 1962

VS 300
Rev. 4/59

1 5117

2 5117

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

J. T. Rogers, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 50 years	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 802 N. 17th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FREDERICK Middle W. Last NAVE		4. DATE OF DEATH Month November Day 8 Year 1962	
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 6/27/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	9. AGE (last birthday) 71
13a. FATHER'S NAME George Nave		13b. MOTHER'S MAIDEN NAME Ellen Bundy	11. BIRTHPLACE (City and state or country) Helena, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		17. INFORMANT Ruth E. Nave, 802 N. 17th, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS DUE TO (b) CARCINOMATOSIS ABD. DUE TO (c) PROBABLE PRIMARY PANCREAS.		INTERVAL BETWEEN ONSET AND DEATH IMMED. 6 mos.	
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"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from 8/8/1956 to 11/8/1962 and last saw him alive on 11/8/1962 . Death occurred at 12:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION St. Joseph COUNTY Buchanan STATE MO	
22a. SIGNATURE <i>J. T. Rogers M.D.</i> (Degree or title)		22b. ADDRESS 602 Jules St. Joseph, MO	
22c. DATE SIGNED 11/9/62		23. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23a. BURIAL CREMATION, REMOVAL (Specify) burial		23d. LOCATION (City, town, or county) St. Joseph, Mo.	
23b. DATE 11/10/1962		25. DATE RECD. BY LOCAL REG. Nov. 13, 1962	
24. FUNERAL DIRECTOR <i>Walter Bowman</i> ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

NOV 30 1962

NOV 16 1962

Permit issued 11/19/62

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 Eugene Wood

Licensed Embalmer No. 3814

P. O. Address 319 5th St, Hingham MA

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.