

FILED SEP 7 1949 • STANDARD CERTIFICATE OF DEATH

27783

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY <u>JEFF ST FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAWRENCETON, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>H.</u> c. (Last) <u>Naeger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Aug 25, 1946</u>
9. AGE (In years last birthday) <u>2</u> (Months) <u>11</u> (Days) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri, ()</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Robert Naeger</u>		13b. MOTHER'S MAIDEN NAME <u>NORMA OTT</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Naeger, Laurenceton, Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive first & second degree burns of back, buttocks, groin and thighs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>89170</u> <u>17</u>
b. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>groin and thighs</u> DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Bloomdale, Ste. Genevieve, Mo.</u> (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 16, 1949 A.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accidentally sat down in tub of boiling water.</u>	
22. I hereby certify that I attended the deceased from <u>Aug. 17, 1949</u> , to <u>Aug. 17, 1949</u> , that I last saw the deceased alive on <u>Aug. 17, 1949</u> , and that death occurred at <u>9:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Maurin J. Hawley, M.D.</u>		23b. ADDRESS <u>Bonne Terre, Mo.</u>	
23c. DATE SIGNED <u>8/18/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 19 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LAWRENCETON</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCETON MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolfo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rudolfo Rose</u>		ADDRESS <u>Belle St. Genevieve Mo</u>	

RECEIVED

8-27-49 *D. H. H. W.*

District Health Officer No. 4

District File Number 849-1151

Date Filed _____

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 _____
Student Embalmer

Signed *Alvin J. Ehler*

Licensed Embalmer No. 4740

P. O. Address *Ste Genevieve*

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 this body is not embalmed, fact should be so stated above.