

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37434
4666

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 46 YEARS		d. STREET ADDRESS (If rural, give location) 2712 CYPRESS AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2712 CYPRESS AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) BETTIE b. (Middle) ELLEN c. (Last) NAVE			4. DATE OF DEATH (Month) (Day) (Year) NOV-1-1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY-5-1862	9. AGE (In years last birthday) 87 YEARS	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) OAK GROVE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN THOMAS NIVEN'S	13b. MOTHER'S MAIDEN NAME ANNA FRANCES YOUREE	14. NAME OF HUSBAND OR WIFE JAMES T. - NAVE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. LLOYD C. NAVE	ADDRESS 2712 CYPRESS AVENUE KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Right Hip		41 days
	DUE TO (c) General arterio sclerosis		20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9-26-49	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture of Right Hip.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) in home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sep 21, 1944 11:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on floor 123

22. I hereby certify that I attended the deceased from **March 7, 1942** to **Nov 1, 1949**, that I last saw the deceased alive on **Nov 1, 1949**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Jansen (Degree or title) M.D.	23b. ADDRESS 2220 E 31st St.	23c. DATE SIGNED 11-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 3, 1949	24c. NAME OF CEMETERY OR CREMATORY ---	24d. LOCATION (City, town, or county) (State) LEE'S SUMMIT MISSOURI
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DATE REC'D BY LOCAL REG. 11-3-49	REGISTRAR'S SIGNATURE Thereldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons ADDRESS 1331 GRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

130-345

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 James T. Dewe
Licensed Embalmer No. 4453

P. O. Address Kansas City

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.