

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40344

State File No.

FILED DEC 15 1951

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE 095-4</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>RURAL STE. GENEVIEVE T5</u> c. LENGTH OF STAY (In this place) <u>LIFE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0950 RURAL STE. GENEVIEVE T5</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RIVER AUX VASES PD. MO</u>				d. STREET ADDRESS (If rural, give location) <u>RIVER AUX VASES MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>NAEGLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 30 1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 20 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BLOOMSDALE O MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW GRASS</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE HUCK</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY NAEGLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Res. C. Barker River Aux Vases Mo</u> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Right Kidney</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>?</u> <u>1 1/2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 2</u> , 19 <u>49</u> , to <u>Nov. 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 3</u> , 19 <u>51</u> , and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.C. Lanning M.D.</u> (Degree or title)			23b. ADDRESS <u>Ste. Genevieve Mo.</u>		23c. DATE SIGNED <u>12/1/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PHILIPPE JAMES</u>		24d. LOCATION (City, town, or county) (State) <u>RIVER AUX VASES MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 10 - 1951</u>		REGISTRAR'S SIGNATURE <u>Deresa M. Hall Dep</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Res. C. Barker Dep. Genevieve Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 11 1951

RECEIVED

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 Adrian J. Ecker

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, Mo.

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.