

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28711**

FILED SEP 6 - 1952

BIRTH NO.		REG. DIST. NO. 195	PRIMARY REG. DIST. NO. 5714	Registrar's No. 59
1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Pineville Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Pineville Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cook store		d. STREET ADDRESS (If rural, give location) Cook store		
3. NAME OF DECEASED (Type or Print) a. (First) MARION b. (Middle) ALBERT c. (Last) NAVE		4. DATE OF DEATH (Month) (Day) (Year) August 21, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1889	9. AGE (In years, Month, Days, Hours, Min.) 63
10a. USUAL OCCUPATION (Give kind of work done, or profession, occupation, or service, if retired) Partner		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Eureka Springs, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Nave		13b. MOTHER'S MAIDEN NAME Elizabeth Gassage	14. NAME OF HUSBAND OR WIFE Myrtle Howerton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle H. Nave, Stella, Rtl, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TOXEMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Tuberculosis DUE TO (c) Tubercle Bacillus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 8/15/52 , to 8/21/52 , that I last saw the deceased alive on 8/21 , 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. B. Anderson M.D.		23b. ADDRESS Anderson Mo	23c. DATE SIGNED 8/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Tracy Cemetery	24d. LOCATION (City, town, or county) (State) McDonald County, Missouri	
DATE REC'D BY LOCAL REG. 8-28-52	REGISTRAR'S SIGNATURE Maxine Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE John B. Pabian	ADDRESS Goodman, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *John B. Papineau*

Licensed Embalmer No. *4446*

P. O. Address *Lebanon, 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.