

FILED FEB 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6610**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 159 **PRIMARY REG. DIST. NO.** 4249 **Registrar's No.** 6

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HILLSBORO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>IMPERIAL</u>	
c. LENGTH OF STAY (In this place) <u>17 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>F.</u> c. (Last) <u>NAUMANN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>FEB. 1 1953</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>SINGLE</u>	<b>8. DATE OF BIRTH</b> <u>FEB. 16/1870</u>
<b>9. AGE</b> (In years last birthday) <u>62</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RET. LABORER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> —
<b>11. BIRTHPLACE</b> (State or foreign country) <u>KIMMSWICK Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>JOHN W. NAUMANN</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>CHRISTINA MANN</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> —		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORD WART</u>	
<b>16. SOCIAL SECURITY NO.</b> —		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Augusta Caudle</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypertensive vascular disease with myocardial insufficiency</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>generalized arteriosclerosis</u> <b>DUE TO (c)</b> <u>4438</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>cerebral arteriosclerosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 days</u> <u>1 year +</u> <u>one year +</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept</u> , 1952, to <u>Feb. 1</u> , 1953, that I last saw the deceased alive on <u>Jan 28</u> , 1952, and that death occurred at <u>2-30 p.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Thomas Q. Donnell M.D.</u>		<b>23b. ADDRESS</b> <u>Desoto, Mo</u>	
<b>23c. DATE SIGNED</b> <u>2-2-53</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	
<b>24b. DATE</b> <u>FEB. 4/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>RAUSCHENBACH</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>IMPERIAL Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Kathleen Mersader</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2-4-53</u>		<b>ADDRESS</b> <u>Imperial Mo.</u>	

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

0500

DATE RECEIVED FEB 11 1953  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

FEB 21 1953

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 Elmer Halitag .....

Licensed Embalmer No. 3571 .....

P. O. Address Imperial 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 this body is not embalmed, fact should be so stated above.