

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12320

State File No. _____

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Grain Valley</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. San. & Hospital</u>		7000 1	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charity</u> b. (Middle) <u>Lee</u> c. (Last) <u>Bella Nave</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1954</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 27, 1912</u>
9. AGE (In years last birthday) <u>41</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sedan, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Isaac Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Charity Logsdon</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Nave</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James H. Nave Rt. 1 Grain Valley, Mo.</u>
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>Acute Bacterial Endocarditis - 30 days</u> <u>Bacteremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		0534	
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) (Minute)	
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>April 24, 1954</u> to <u>April 24, 1954</u> , that I last saw the deceased alive on <u>April 24, 1954</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred C. Carson, M.D.</u>		23b. ADDRESS <u>10229 Independence</u>	
23c. DATE SIGNED <u>4/25/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Indep., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-27-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Independence,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.