

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1954

State File No. **14999**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>588</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admittance) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1521 Mercantile St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gweneath</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Nave</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 7 - 1914</u>	
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
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>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk - Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Harry C. McPhail Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Ethel E. Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>John M. Nave Sr.</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>John M. Nave Sr. 1521 Mercantile St. St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemia + pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Essential hypertension</u> DUE TO (b) <u>Malignant</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>445x</u>					20. AUTOPSY? YES <input checked="" 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 <u>9-12</u> , 19 <u>53</u> , to <u>6-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>54</u> , and that death occurred at <u>11:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lucius H. Jee M.D.</u>			23b. ADDRESS <u>902 Edmond</u>			23c. DATE SIGNED <u>6-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 7 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Fort Madison - Iowa</u>		
DATE REC'D BY LOCAL REG. <u>June 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Blewett, St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.

Signed _____

Wm. H. Alexander

Signed.....
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.