

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17490

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 10935

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>30 YEARS</u> | c. CITY OR TOWN <u>Rock Hill</u> <u>463</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 Charleville, Dr.</u> | | d. In Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) <u>1104 Charleville Dr.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Fred</u> | b. (Middle) <u>Dewey</u> | c. (Last) <u>Nappier</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1954.</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar. 30, 1898</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 100 HOURS _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Supervisor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>McQuay-Norris</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Renard Nappier</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Conner</u> | 14. NAME OF HUSBAND OR WIFE <u>Matilda Nappier</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W.W.#1</u> | 16. SOCIAL SECURITY NO. <u>493-09-7547</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Matilda Nappier</u> | ADDRESS <u>1104 Charleville,</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>4201</u> |
| 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 _____, 1957, to May 8, 1954, that I last saw the deceased alive on April 2, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title) <u>Richard W. Maxwell M.D.</u> | 23b. ADDRESS <u>4500 Olive St.</u> | 23c. DATE SIGNED <u>5-10-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5-10-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>MAY 10 1954</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Amberg</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington.</u> |
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(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

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.