

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 27 3 8 8  
State File No. \_\_\_\_\_

FILED AUG 23 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFAX</u>	c. LENGTH OF STAY (In this place) <u>5 HRS</u>	c. CITY OR TOWN <u>MOUND City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>7 mi NORTH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLEN</u> b. (Middle) <u>CASPER</u> c. (Last) <u>NAUMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5, 1957</u>		
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>MAY 27, 1898</u>	9. AGE (In years last birthday) <u>59</u>	If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOLT COUNTY, MO.</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CASPER NAUMAN</u>	13b. MOTHER'S MAIDEN NAME <u>RENA HUFFMAN</u>	14. NAME OF HUSBAND OR WIFE <u>THELMA NAUMAN</u>
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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>493-42-2652</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS THELMA NAUMAN - MOUND City, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Cerebral Arterys</u> 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 <u>330X</u>	20. AUTOPSY? <u>2</u> 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 1, 1952, to Aug 5, 1957, that I last saw the deceased alive on Aug 5, 1957, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Isaac F. Swears</u> (Degree or title) <u>m. s.</u>	23b. ADDRESS <u>Oregon</u>	23c. DATE SIGNED <u>8/9/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-7-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>HOLT COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 14, 1957</u>	REGISTRAR'S SIGNATURE <u>Thermin H. Schaefer</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>James Crawford</u>	ADDRESS <u>Mound City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

443

300 111

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 *James H. Bradford*

Licensed Embalmer No. *4796*

P. O. Address *Mound City*

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.