

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021486

STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 675

300
1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Clair,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in 2 1/2	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last CURTIS MONROE NAPIER			4. DATE OF DEATH Month Day Year July 10, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1902
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor	11. BIRTHPLACE (City and state or country) Franklin County
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Walter Napier	13b. MOTHER'S MAIDEN NAME Clentina Anderson
14. NAME OF HUSBAND OR WIFE Lennie Napier		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none	16. SOCIAL SECURITY NO. 488-12-3598
17. INFORMANT Lennie Napier		Address St. Clair, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Casualty Trip/Injury - Cardiac death while swimming Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) DUE TO (c) no rain			INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suspect collapsed when wading in river		
20c. TIME OF INJURY 2:30 p.m. 7/10/58	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, boat, etc.) Shannon Farm Rd Sullivan Franklin Mo	20f. CITY, TOWN, OR LOCATION Franklin COUNTY Franklin STATE Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred on 2:30 p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Donald M. Condit 3		22b. ADDRESS Union Mo	22c. DATE SIGNED 7/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Virginia Mines Cem	23d. LOCATION (City, town, or county) (State) Londell, Missouri
24. FUNERAL DIRECTOR Sherwood W. Kitchell	ADDRESS St. Clair, Mo	25. DATE REC'D. BY LOCAL REG. 7/12/58	26. REGISTRAR'S SIGNATURE Lady Smith

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

AUG 15 1958

FEB 9 1959

JUL 27 1958

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 *Shirwood W. Mitchell*

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.