

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033634
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN aryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Skidmore <i>0740</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital 1day		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOSEPH Middle NAPIER Last NAPIER			4. DATE OF DEATH Month 9 Day 13 Year 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/25/1919	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Skidmore, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Napier	13b. MOTHER'S MAIDEN NAME Nancy Shunk	14. NAME OF HUSBAND OR WIFE Margaret WheelerNapier
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-01-5879	17. INFORMANT Mrs Margaret Napier, Skidmore, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastasis of prostate carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinoma		
DUE TO (c) senility 177X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to 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.)
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20c. TIME OF INJURY Hour 11:15 Month 9 Day 12 Year 1958	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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION Skidmore, Mo	COUNTY Nodaway	STATE Mo
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21. I attended the deceased from 9/12 to 9/13 and last saw her alive on 9/13 150 Death occurred at 11:15 on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE W. J. Baerman M.D.	(Degree or title)	22b. ADDRESS 1216 main	22c. DATE SIGNED 9/15/58
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 9/16/58	23c. NAME OF CEMETERY OR CREMATORY Maitland Cem	23d. LOCATION (City, town, or county) (State) Maitland, Mo
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24. FUNERAL DIRECTOR W. Matchison	ADDRESS Marquill, Mo	25. DATE RECD. BY LOCAL REG. 9-20-58	26. REGISTRAR'S SIGNATURE Bess Bolt
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS OCT 22 1959

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. M. Atkinson*

Licensed Embalmer No. *2279*
P. O. Address *Marysville*

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.