DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

FILED FEB 7 1973 160

124 STATE FILE NUMBER 73 001888

Registration District No. _____ Primary Registration District No. 559V Registrar's No. 39

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

7b-c.
7d. 30103
8. 84
14a. 29
14b. 187
14c-d. 4501
14e.
23. 021801
26a. 1
18-U. 4124
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Joseph Lincoln NAUSED
2. SEX: M.
3. DATE OF DEATH (MONTH, DAY, YEAR): Feb. 2. '73
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Aug 14, 1889
7a. COUNTY OF DEATH: Jefferson
7b. CITY, TOWN, OR LOCATION OF DEATH: Festus
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Mountain View Conv. Home
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Germany
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Anna R. Cover
12. SOCIAL SECURITY NUMBER: 490-03-1395
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Miner
13b. KIND OF BUSINESS OR INDUSTRY: Lead Industry

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Mo
14b. COUNTY: St. Francois
14c. CITY, TOWN, OR LOCATION, ZIP CODE: Bonne Terre 63628
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. TOWNSHIP:
14f. STREET AND NUMBER: 315 "B" Street

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): Joseph Naused
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Ashmand

17a. INFORMANT—NAME: Anna R. Cover
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 315 "B" St.; Bonne Terre, MO 63628

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE
(a) Arteriosclerotic Cardio Vascular dis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: worse 1 wk.
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Jan. 7. 72 TO 21b. Feb. 2. 73
21c. AND LAST SAW HIM/HER ALIVE ON Feb 2 73 (MONTH, DAY, YEAR)
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH. did not
21e. DEATH OCCURRED (HOUR) 2 25 P.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M.
23a. CERTIFIER—NAME (TYPE OR PRINT): R. H. Donnell, M.D
23b. MO. LICENSE NO.: 21801
23c. SIGNATURE: R H Donnell M D
DEGREE OR TITLE
23d. DATE SIGNED (MONTH, DAY, YEAR): 2-3-73
23e. MAILING ADDRESS—CERTIFIER: 112 Miss. Crystal City Mo. 63019 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: St. Francois Memo Pk.
24c. LOCATION (CITY OR TOWN, STATE): Bonne Terre, MO 63628
24d. DATE (MONTH, DAY, YEAR): FEB 4, 1973
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C. T. Boyer & Son, Inc; Box 236; Bonne Terre, MO 63628
25. FUNERAL DIRECTOR—SIGNATURE: Albert B Shaw
25a. REG. NO.: 2781
26a. REGISTRAR—SIGNATURE: Irene C. Fright
26b. DATE RECEIVED BY LOCAL REGISTRAR: Feb. 5, 1973

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 _____ Signed David G Shaw

Signature of Student Embalmer

Licensed Embalmer No. 5430

P. O. Address Desloge, MO 63601

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.