

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9562

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 29

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | |
| c. LENGTH OF STAY (In this place) <u>UNKNOWN</u> | | d. STREET ADDRESS (If rural, give location) <u>909 N. Rollins</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 N. Rollins</u> | | e. STREET ADDRESS (If rural, give location) <u>909 N. Rollins</u> | |

| | | | | | |
|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Orlow</u> b. (Middle) <u>C</u> c. (Last) <u>McNaul</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1950</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>March 5, 1875</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>tailor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>tailor</u> | 11. BIRTHPLACE (State or foreign country) <u>Ashland Co. Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Michael C McNaul</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alicia Ryland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Letha Walker McNaul</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O.C. (Letha) McNaul (wife) Macon, Mo.</u> | |

| | | | |
|---|---|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>331X</u> |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from Nov 20, 1948 to Mar 8, 1950, that I last saw the deceased alive on Mar 8, 1950, and that death occurred at 5:02 PM, from the causes and on the date stated above.

| | | |
|--|------------------------------|------------------------|
| 23a. SIGNATURE (Degree or title) <u>R. H. Steel D.O.</u> | 23b. ADDRESS <u>Macon Mo</u> | 23c. DATE SIGNED _____ |
|--|------------------------------|------------------------|

| | | | |
|---|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/10/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3/27/50</u> | REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> | 185 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Skinner Macon Mo</u> |

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

3612

MAY 25 1950

APR 17 1950

RECEIVED 4/6/50
MACON COUNTY HEALTH DEPARTMENT
County File No.4/50/68.....
Date Filed4/11/50.....

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.

Signed Robert S. Kimmel

Signed _____
Student Embalmer

Licensed Embalmer No. 75-1

P. O. Address Macon 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 this body is not embalmed, fact should be so stated above.