

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. **37172**
4457

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1009** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 30 YRS.		d. STREET ADDRESS (If rural, give location) 4734 HOLLY STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4734 HOLLY STREET			

3. NAME OF DECEASED (Type or Print)	a. (First) MADEL	b. (Middle) P. G.	c. (Last) NAUTH	4. DATE OF DEATH (Month) (Day) (Year) OCT.-20-1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV.-30-1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) LYONS NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EUGENE GRIFFITH	13b. MOTHER'S MAIDEN NAME OLLIE OTTESON	14. NAME OF HUSBAND OR WIFE FRANK H. NAUTH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 486-10-5525A	17. INFORMANT'S SIGNATURE OR NAME MR. FRANK H. NAUTH	ADDRESS 4734 HOLLY STREET KANSAS CITY, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension years		years
	DUE TO (c) Aortic Regurgitation years		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterio sclerosis years			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	4211	20. AUTOPSY? 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) m.	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 **August, 1949** to **October 10, 1950**, that I last saw the deceased alive on **October 16, 1950**, and that death occurred at **5:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE William B. Allen M.D.	(Degree or title)	23b. ADDRESS 3121 Olive St. St. Louis, Mo.	23c. DATE SIGNED 10/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE OCT-23-1950	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Lyons, Nebraska
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DATE REC'D BY LOCAL REG. 10-23-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Robert C. Herron

working under my personal supervision.

Student Embalmer No. *394*

Signed *Robert C. Herron*
Student Embalmer

Signed *John E. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.