

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26740

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Iron</b> <b>0470</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton</b>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ste. Marys of The Ozarks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Corridon</b> <b>0900</b>	
		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>A</b> c. (Last) <b>McNail</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-29-51</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-27-1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Reynolds Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Meda McNail</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Meda McNail Corridon, Mo</b>		ADDRESS	
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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) <b>cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7/29/51</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>acute hypertension</b>		?	
	DUE TO (c) <b>acute myocarditis</b>		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>931X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **7-15**, 19**51**, to **7-29**, 19**51**, that I last saw the deceased alive on **7-29**, 19**51**, and that death occurred at **4:A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Furland, wife</b> (Degree or title)		23b. ADDRESS <b>Ironton, Mo</b>		23c. DATE SIGNED <b>8-4-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-31-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Centerville</b>		24d. LOCATION (City, town, or county) (State) <b>Centerville, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 15, 1951</b>		REGISTRAR'S SIGNATURE <b>Mrs. Aris Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Phil A. Leucker, E.L.M.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 17 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

AUG 29 1951

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 9-29-51

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Ellington, 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.