

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41459**

FILED JAN 4 1952

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 54

0470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centerville 0900	
c. LENGTH OF STAY (In this place) 18 hrs.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) CORBETT	c. (Last) McNAIL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 22 1931	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 10 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching	10b. KIND OF BUSINESS OR INDUSTRY public schools	11. BIRTHPLACE (State or foreign country) Centerville Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Corbett McNail	13b. MOTHER'S MAIDEN NAME Lucy Cozine	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Corbett McNail ADDRESS Centerville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchial pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -- DUE TO (b) Malignancy of Brain (inoperable) DUE TO (c)		
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 193X	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)
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?

22. I hereby certify that I attended the deceased from 12-25, 1951, to 12-26, 1951, that I last saw the deceased alive on 12-26, 1951, and that death occurred at 12.05A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Harland, M.D.	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 12-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-28-51	24c. NAME OF CEMETERY OR CREMATORY centerville Cem.	24d. LOCATION (City, town, or county) (State) Centerville Mo.
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DATE REC'D BY LOCAL REG. 12-31-51	REGISTRAR'S SIGNATURE Mrs. Anna Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home ADDRESS Ironton Mo.
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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
Student Embalmer

Signed *Arvid J. White*

Licensed Embalmer No. 2012

P. O. Address *Imperial Hwy*

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.