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

FILED JUL 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25993

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 387

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN: 3 miles West of Naylor (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy. 142 3 Mi. W. of Naylor.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naylor R.F.D 0910
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Carrol
c. (Last): Naylor

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1953

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Mar. 25, 1906

9. AGE (In years last birthday): 47 — If under 1 year: Months 3, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: odd jobs

11. BIRTHPLACE (City and State or Foreign Country): Corning, Ark. 1

12. CITIZEN OF WHAT COUNTRY?: U.S. a

13a. FATHER'S NAME: Thomas Naylor

13b. MOTHER'S MAIDEN NAME: Lillie Belle Koonce

14. NAME OF HUSBAND OR WIFE: Unknown

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.: 488-16-6707

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Irene Dusza
ADDRESS: Oxly, Mo.

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, asthenia, etc.. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decapitated, — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brains completely out,
DUE TO (c) Automobile overturned,

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:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): AUTOMOBILE accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy. 142.
21c. (CITY, TOWN, OR TOWNSHIP) Thomas (COUNTY) Ripley 091 (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 1, 1953 7 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile overturned.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7 *p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray Meanor, Coroner.
23b. ADDRESS: Doniphan, Missouri.
23c. DATE SIGNED: 7-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/4/53
24c. NAME OF CEMETERY OR CREMATORY: Antioch
24d. LOCATION (City, town, or county) (State): Ripley Co. Mo.

DATE REC'D BY LOCAL REG.: 7-3-53
REGISTRAR'S SIGNATURE: E. Johnston 277 0

25. FUNERAL DIRECTOR'S SIGNATURE: Gish Funeral Home Naylor, Mo.
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1959

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.