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No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 18 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13868

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 26

**1. PLACE OF DEATH**
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Concordia
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): 4 Mi North Concordia, Mo Hiway 23

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Aullville Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): No Street Address 0540

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): Irven
c. (Last): McNaugh

**4. DATE OF DEATH** (Month) (Day) (Year): April 9-1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 10, 1918
**9. AGE** (In years last birthday): 38 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Truck Driver
**10b. KIND OF BUSINESS OR INDUSTRY**: Tri Foods Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Lexington, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Irven McNaugh
**13b. MOTHER'S MAIDEN NAME**: Frances Appelton Yingling
**14. NAME OF HUSBAND OR WIFE**: Mrs Joseph McNaugh

**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.**: 500-12-1824
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Joseph Irven McNaugh — **ADDRESS**: Aullville, 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): Crushing injury to head & face

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): sustained when his truck was
DUE TO (c): wrecked & he was thrown under the wheel of the truck

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: No surgery
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, factory, street, office bldg., etc.): State Highway No 23
**21c.** (CITY, TOWN, OR TOWNSHIP): Concordia (COUNTY): Lafayette (STATE): Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 4 9 56 5 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☑ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: Truck wreck

22. *I hereby certify that I attended the deceased from the death, 19__, to 4-9, 19 56, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. Martin MD
**23b. ADDRESS**: Odessa MO
**23c. DATE SIGNED**: 4-9-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4/12/56
**24c. NAME OF CEMETERY OR CREMATORY**: Zion Hill
**24d. LOCATION** (City, town, or county) (State): Concordia Mo

**DATE REC'D BY LOCAL REG.**: April 13-56
**REGISTRAR'S SIGNATURE**: Clayton H Landrum
**25. FUNERAL DIRECTOR'S SIGNATURE**: E. S. James — **ADDRESS**: Concordia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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MAR 14 1957

APR 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....Me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....E. S. James.....

Licensed Embalmer No. 205

P. O. Address Concordia

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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