

Health,  
Welfare  
Public  
Service

300  
9-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. AT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 10 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

1366

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2644 Brighton</b>			Length of stay in <b>7 Yrs</b>	d. STREET ADDRESS <b>2644 Brighton</b>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Elmer</b> Last <b>Naylor</b>			4. DATE OF DEATH Month <b>March</b> Day <b>19</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>26 July 1885</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Plaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and state or country) <b>Strawberry, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>	
13. FATHER'S NAME <b>Lewis Naylor</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Giebar</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>508 01 6692</b>		17. INFORMANT Address <b>Mrs. Amanda Naylor-2644 Brighton, K. C. Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <i>Hugh H. Owens</i>				22b. ADDRESS <b>1039 Platte Bl</b>		22c. DATE SIGNED <b>3-22-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>3-23-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		
24. FUNERAL DIRECTOR <b>FLORAL HILLS MEM CHAPEL INC K.C.MO</b>				25. DATE RECD. BY LOCAL REG. <b>3-23-57</b>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Everett L. Seel*

Licensed Embalmer No. *48*

P. O. Address *Tucson Ariz*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.