

**REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-015066**

REG VS MAY 10 1960

140

Primary Registration District No. 3024

Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette</b>		Length of stay in 1b <b>11 days</b>	c. CITY OR TOWN <b>Fayette</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R.5 Bonne Femme Twp</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>HARRY</b>	First	Middle <b>C.</b>	Last <b>NAYLOR</b>	4. DATE OF DEATH Month <b>April</b> Day <b>29</b> Year <b>1960</b>
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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>9/3/1893</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and state or country) <b>Howard Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Samuel Hall Naylor</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Thornhill</b>	14. NAME OF HUSBAND OR WIFE <b>Julia Fisher</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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs Harry C. Naylor</b> Address <b>Fayette, Mo</b>
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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>Multiple Myeloma</b>		INTERVAL BETWEEN ONSET AND DEATH
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) <b>Multiple Hemorrhage</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **Feb - 1 - 60** to **April 29 - 60** and last saw her alive on **4 - 29 - 60**  
Death occurred at **5:15 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Swan Bloom Jr. D.</b> (Degree or title)	22b. ADDRESS <b>Fayette MO</b>	22c. DATE SIGNED <b>5-7-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/1/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fayette City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
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24. FUNERAL DIRECTOR <b>Ralph D. Case</b> ADDRESS <b>Fayette, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-7-60</b>	26. REGISTRAR'S SIGNATURE <b>Katherine Welch</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

