

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16061

1965

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1025 Cherry</u>				STREET ADDRESS (If rural, give location) <u>1025 Cherry</u>				<u>3148</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Temple</u>			b. (Middle) <u>Harry</u>			c. (Last) <u>Naylor</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>4 30 54</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 22 1891</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Days _____		IF UNDER 2 HRS. Hours _____		IF UNDER 2 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinarian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Vetronary</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Waldron, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John S. Naylor</u>			13b. MOTHER'S MAIDEN NAME <u>Carðelia Underwood</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Naylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u>			16. SOCIAL SECURITY NO. <u>555-12-7461</u>		17. INFORMANT'S SIGNATURE OR NAME <u>N. E. Naylor</u> ADDRESS <u>Wellsville, Kansas</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
22a. SIGNATURE <u>Rugh H. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Pearto Bldg</u>			23c. DATE SIGNED <u>5-1-54</u>		
24a. BURIAL CREMATION/REMOVED (Specify) <u>Burial</u>		24b. DATE <u>5-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leavenworth Ntl' Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth Kans</u>			
DATE REC'D BY LOCAL REG. <u>5-1-54</u>		REGISTRAR'S SIGNATURE <u>Steldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Sebbeto Funeral Home</u> ADDRESS <u>K. C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~by~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Caldwell*.....

Licensed Embalmer No. *4719*

P. O. Address *R. C. Moore*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.