

1. PLACE OF DEATH a. COUNTY <i>Tarrant</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Tarrant</i>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Fort Worth</i>		c. LENGTH OF STAY in l. b. <i>40 yrs.</i>	c. CITY OR TOWN (If outside city limits, give precinct no.) <i>Fort Worth</i>		d. STREET ADDRESS (If rural, give location) <i>2400 Glencrest Dr.</i>
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>2400 Glencrest Dr.</i>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) (a) First <i>Roleine</i>		(b) Middle <i>Cecil</i>	(c) Last <i>Naylor</i>	4. DATE OF DEATH <i>June 18, 1966</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>February 4, 1892</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Umpire</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>American League</i>	11. BIRTHPLACE (State or foreign country) <i>Crum, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>James Robert Naylor</i>			14. MOTHER'S MAIDEN NAME <i>Unknown Whaley</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>442-09-8094</i>	17. INFORMANT <i>X Mrs. Roleine Naylor</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: TEXAS DEPARTMENT OF HEALTH RECORDED JUL 6 1966 BUREAU OF VITAL STATISTICS DUE TO (a) <i>Anterior-cerebral Heart Disease</i> DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <i>Less than 1 hr.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
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 Month Day Year a.m. p.m.					
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 building, etc.)	20f. CITY, TOWN, OR LOCATION <i>Inquest</i>		COUNTY STATE
21. I hereby certify that I attended the deceased from <i>June 18</i> 19 <i>66</i> to <i>June 19</i> 19 <i>66</i> and last saw the deceased alive on <i>June 19</i> 19 <i>66</i> Death occurred at <i>6:30 P</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>V. C. Pirone M.D. Deputy M.E.</i>			22b. ADDRESS <i>210 Medical Apts Bldg., Fort Worth</i>		22c. DATE SIGNED <i>June 19, 1966</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>June 21, 1966</i>	23c. NAME OF CEMETERY OR CREMATORY <i>IOOF Cemetery</i>		
23d. LOCATION (City, town, or county) <i>Denton</i>		(State) <i>Texas</i>	24. FUNERAL DIRECTOR'S SIGNATURE <i>Meissner Funeral Home</i> <i>J. R. Meissner #572</i>		
25a. REGISTRAR'S FILE NO. <i>1902</i>		25b. DATE REC'D BY LOCAL REGISTRAR <i>JUN 20 1966</i>	25c. REGISTRAR'S SIGNATURE <i>Keith S. Braddock</i>		