

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED AUG 31 1954

BIRTH NO. --- REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) <u>All his</u>	c. CITY OR TOWN <u>Marshall</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1164 So. Ellsworth</u>		e. STREET ADDRESS (If rural, give location) <u>1164 So. Ellsworth</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Farrell</u> c. (Last) <u>Narron</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1954</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>8-30-1894</u>	9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Layer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert F. Narron</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Laxson</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Welch Narron</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-01-3902</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert F. Narron-Marshall, Mo.</u>	ADDRESS <u>Marshall, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 8-11 1954, to 8-27 1954, that I last saw the deceased alive on 8-23 1954, and that death occurred at 5.4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>James C. Reid M.D.</u>	(Degree or title)	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>8-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-24-54</u>	REGISTRAR'S SIGNATURE <u>Sidney S. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Sweeney - Marshall, Mo.</u>	ADDRESS <u>Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

972
1

10/1/25
S.D.

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

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address.....

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.