

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34512**
Registrar's No. **214**

No. 300
10.48

FILED NOV 1 - 1956

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Carthage		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) 820 Oak St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 820 Oak St.			

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Airs c. (Last) Narramore			4. DATE OF DEATH (Month) (Day) (Year) Oct 19, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 21, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Southwest City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Preston	13b. MOTHER'S MAIDEN NAME Martha	14. NAME OF HUSBAND OR WIFE H. M. Narramore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME W. H. Narramore, Carthage, Mo.

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, athenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma sigmoid colon		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs +
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 153x		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver		

19a. DATE OF OPERATION 2-20-'53	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma sigmoid Colon. Cirrhosis of Liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	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 **5-1(?) 1951**, to **Oct 19, 1956** that I last saw the deceased alive on **Oct 19, 1956**, and that death occurred **all 3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Russell Smith (Degree or title) M. D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 10-22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-56	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery
24d. LOCATION (City, town, or county) (State) Carthage, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.
DATE REC'D BY LOCAL REG. 10-22-56	REGISTRAR'S SIGNATURE [Signature]	ADDRESS _____

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

139-6

County File Number 56-10-846

Date Filed OCT 31 1956

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 *Edwin C. Shinn*.....
Licensed Embalmer No. 443

P. O. Address *Cartersville, Ga.*

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.