THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37453
STATE FILE NUMBER

FILED NOV 19 1956 Registration District No. 86 Primary Registration District No. 5322 Registrar's No. 25-1956

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuba — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Cuba — Inside Limits Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location) R. R. # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Frances Middle: Juanita Last: Narens (NARENS)
4. DATE OF DEATH Month 11 Day 14 Year 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 28, 1900
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 2 Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe & Shoeworker
10b. KIND OF BUSINESS OR INDUSTRY Cuba Shoe Co.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ? Miller
14. MOTHER'S MAIDEN NAME Mickey Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 498-18-3957
17. INFORMANT Address James A. Narens, Rte 1, Cuba, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary - Liver
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 155X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June to Nov 14-56 and last saw her ~~him~~ alive on Nov 14-1956
Death occurred at 5:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. B. Stillings (Degree or title) D. O.
22b. ADDRESS Cuba, Missouri
22c. DATE SIGNED 11-16-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/17/56
23c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery
23d. LOCATION (City, town, or county) (State) Cuba, Missouri

24. FUNERAL DIRECTOR Paul A. Franklin ADDRESS Cuba, Mo.
25. DATE RECD. BY LOCAL REG. 11-16-1956
26. REGISTRAR'S SIGNATURE Paul A. Franklin Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 34

P. O. Address Cuba, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.