

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016112

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 71

AMENDED

FILED MAY 8 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Saline</b>                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Marshall</b>   |   | Length of stay in lb<br><b>4 Hrs.</b>  | c. CITY OR TOWN <b>Gilliam</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Government Corn Bins</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>None</b>             |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>THOMAS (NONE) NARRON, JR</b>  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>May 1 1961</b>                  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>6/11/1930</b>                                     |
| 9. AGE (last birthday)<br><b>30</b>  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Government</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Cambridge, Mo.</b>      |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |  |  |
| 13a. FATHER'S NAME<br><b>Thomas Narron</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Elva Campbell</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Geraldine Narron</b>                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes Korean</b>   |   | 17. INFORMANT<br>Address<br><b>Mrs. Geraldine Narron Gilliam, Mo</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Inst.</b>                         |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour a.m. p.m.<br>Month, Day, Year  |   |  |  |
| 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 bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE   |
| 21. I attended the deceased from <b>Made investigation 5-1-1961</b> and last saw her/him alive on _____<br>Death occurred at <b>11:30 a.m. 5-1-61</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE<br><b>P. L. Lawless M.D. Coroner Saline Co Marshall Mo</b>  |   | (Degree or title)  | 22b. ADDRESS<br><b>Slater (City) Slater, Missouri</b>                    |
| 22c. DATE SIGNED<br><b>5-2-61</b>  |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>May 3, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Slater (City)</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Slater, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Haines Funeral Home Slater, Mo.</b>   |   | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><b>5-2-61</b>                            |
|  |   | 26. REGISTRAR'S SIGNATURE<br><b>Carl G. Read</b>   |  |

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 11 1961

MAY 18 1961

MAY 9 1961

**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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Walter, Mo.

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.