

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11858**

FILED MAY 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. CITY OR TOWN <b>Gallatin</b>	
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>8310</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan Rest Home</b>		f. STREET ADDRESS (If rural, give location) <b>3 Mi. West of Gallatin, Mo.</b>	
3. NAME OF DECEASED a. (First) <b>BENJAMIN</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>M<sup>C</sup> NARIE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-22-1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 28-1873</b>
9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James M<sup>C</sup> Narie</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Sutton</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Jesse M<sup>C</sup> Narie</b> ADDRESS <b>Hamilton, Mo.</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		<b>3 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b> DUE TO (c)		<b>8 mo.</b>
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	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) m.	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 **4/10**, 19**53**, to **4/22**, 19**54**, that I last saw the deceased alive on **4/21**, 19**54**, and that death occurred at **2:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Merriam Leashay M.D.</b>	23b. ADDRESS <b>Bethany Mo.</b>	23c. DATE SIGNED <b>6/21/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-23-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Widdow Cem. Widdow, Mo.</b>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris A. Brown</b> ADDRESS <b>Hamilton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/30/54</b>	REGISTRAR'S SIGNATURE <b>Zola Burrus</b>	

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

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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 *Morris A. Bran*.....

Licensed Embalmer No. *391*.....

P. O. Address *Florida*.....

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.