

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 24 1954 STANDARD CERTIFICATE OF DEATH

21026

State File No. 4855
Registrar's No. 4855

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Salem
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Box 381	

3. NAME OF DECEASED (Type or Print) a. (First) Edna	b. (Middle) Gertha	c. (Last) Naramore	4. DATE OF DEATH (Month) (Day) (Year) May 29 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jul 6. 1900
9. AGE (In years last birthday) 53		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) Jefferson County Ala		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Coleman Williams	13b. MOTHER'S MAIDEN NAME Ida Sellers	14. NAME OF HUSBAND OR WIFE Artie Naramore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE AND ADDRESS Artie Naramore Salem 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glioblastoma		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 193X

22. I hereby certify that I attended the deceased from May 21, 1954, to May 29, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. S. Vermillion M.D.</i>	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 8/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-29-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) Salem Mo

DATE REC'D BY LOCAL REG. JUN 1 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *J. Wm. Dunkley*.....
Licensed Embalmer No. *365*
P. O. Address *St. Louis*.....

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.