

FILED OCT 15 1954

STANDARD CERTIFICATE OF DEATH

State File No. **29746**

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 87

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Cassville</u>		c. CITY OR TOWN <u>Rural-Liberty</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS <u>Exeter</u> (If rural, give location) <u>2050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cassville Community</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jasper</u> c. (Last) <u>Narrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3-1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov-15-1888</u>		9. AGE (In years last birthday) <u>75</u> Months <u>10</u> Days <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Dealer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Barry, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Narrell</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Narrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Narrell</u> ADDRESS <u>Exeter Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Indeterminate</u>
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2001</u>	
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 9/27, 1954, to 10/3, 1954, that I last saw the deceased alive on 10/3, 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Randall H. Ochs, M.D.</u>		23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>10/4/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Munciey Chappell</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen</u>		ADDRESS <u>Funeral Home Wheaton Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-8-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10-00	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1054-109

DATE REC. 10-9-54

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
Student Embalmer

Signed Paul D. Stenbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.