

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34420

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Independence		c. CITY OR TOWN Independence	
c. LENGTH OF STAY (In this place) 17 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Hospital		e. STREET ADDRESS (If rural, give location) 716 E. Fair 7001	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Calvin	c. (Last) Narran	4. DATE OF DEATH (Month) (Day) (Year) October 21, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1916	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John C. Narran	13b. MOTHER'S MAIDEN NAME Eliza Gordon	14. NAME OF HUSBAND OR WIFE Loraine Narran
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes - Merchant Marine WWII	16. SOCIAL SECURITY NO. 70-18-9133	17. INFORMANT'S SIGNATURE OR NAME Eliza Gordon Narran	ADDRESS Sweet Springs, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Pneumonia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-3, 1956, to 10-21, 1956, that I last saw the deceased alive on 10-20, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Larson, M.D.</u>	23b. ADDRESS <u>Johnson County, Mo.</u>	23c. DATE SIGNED <u>10/20/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/24/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Burial</u>	24d. LOCATION (City, town, or county) (State) <u>Stater, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-22-56</u>	REGISTRAR'S SIGNATURE <u>M. Blangford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stater, Mo.</u>	ADDRESS <u>Indigo, Mo.</u>
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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 C. Ray Zanderback, Student Embalmer No. 535 working under my personal supervision..

Student C. Ray Zanderback
Signature of Student Embalmer

Signed Harold E. Koehler

Licensed Embalmer No. 4609

P. O. Address Indep. W.

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.