

FILED MAR 6 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5484

Registration District No. 200 Primary Registration District No. 5738 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA PLATA TWP		c. CITY OR TOWN LA PLATA 0610 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 BLK SO. LAPLATA		d. STREET ADDRESS 1 BLK SO LA PLATA	
Length of stay in lb 30 Yrs		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CHARLES ^{First} ANDREW ^{Middle} NARRON ^{Last}			4. DATE OF DEATH Feb 12, 1957 Month Day Year		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 9, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 3 Days 3 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Miami Station Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Narron			14. MOTHER'S MAIDEN NAME Lucy PARTLOW		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-09-2584	17. INFORMANT Mrs Zenetta Narron, La Plata, Mo. Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Corbary Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Hypertension	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis		19. WAS AUTOPSY PERFORMED? 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.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		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 1-5-56 to 2-12-57 and last saw her alive on 2-12-57 Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Frank H. Coffin, D.O.	22b. ADDRESS 106 1/2 Vine St. Macos Mo	22c. DATE SIGNED 2-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 15, 1957	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Missouri
24. FUNERAL DIRECTOR Clennett M. Wilson, La Plata Mo	25. DATE RECD. BY LOCAL REG. 2/18/57	26. REGISTRAR'S SIGNATURE Ruth M. Neely	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

County File No. 2, 59, 82
Date Filed 2. 27. 57

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 Kenneth M. Wilson

Licensed Embalmer No. 470

P. O. Address La Plata,

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..