

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033243

STATE FILE NUMBER

FILED OCT 2 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 463

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EXETER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF ST. JOHN'S HOSP.		Length of stay in lb 45 DAYS	d. STREET ADDRESS (If outside, give location) RURAL
3. NAME OF DECEASED (Type or print) First Middle Last LENA MAE NARRELL			4. DATE OF DEATH Month Day Year JULY 17, 1958
5. SEX F	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. 7, 1915
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ELMER C. HOUK	
13b. MOTHER'S MAIDEN NAME MAMIE LEE		14. NAME OF HUSBAND OR WIFE JOE NARRELL	
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. 487-36-8281	17. INFORMANT Address MRS. CHARLES COMPTON, RT. 2, JOPLIN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC FAILURE			INTERVAL BETWEEN ONSET AND DEATH APPROXIMATELY 18 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTASIS TO THE LIVER			
DUE TO (c) SQUAMOUS CELL CARCINOMA OF THE CERVIX			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 AUG. 20, 1957 to JULY 17, 1958 and last saw her alive on JULY 16, 1958 Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Donald E. Barlow, M.D.</i> (Degree or title)		22b. ADDRESS 201 MEDICAL ARTS BLDG., JOPLIN, MO	22c. DATE SIGNED 9-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-19-58	23c. NAME OF CEMETERY OR CREMATORY MUNCEY CHAPPELL CEMETERY, BARRY COUNTY, MISSOURI	23d. LOCATION (City, town, or county) (State) MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-30-1958	26. REGISTRAR'S SIGNATURE <i>Doore Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *F. M. James* _____

Licensed Embalmer No. *2319* _____

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.