URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033167

STATE FILE NUMBER

FILED VS OCT 5 1959 245

ENDED

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1209 W. Harmony St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: McDonald
c. CITY OR TOWN: Goodman
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle H. Last NARAMORE

4. DATE OF DEATH: Month Sept. Day 22 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-20-69
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Stock Buyer
11. BIRTHPLACE (City and state or country): Newton County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jack Naramore
13b. MOTHER'S MAIDEN NAME: Matilda
14. NAME OF HUSBAND OR WIFE: Mary Naramore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jaunita Crumbliss, Address: Neosho Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Electrolyte imbalance — INTERVAL BETWEEN ONSET AND DEATH: Several weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malnutrition due to Bleeding Cerebrovascular accident, Esophageal varicities
DUE TO (c) Arteriosclerosis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diverticulitis colon, Prostatic hypertrophy benign

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8 September 1959 to 22 September 59 and last saw him alive on 22 September 1959
Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Blackerson (Degree or title) M.D.
22b. ADDRESS: Neosho, Missouri
22c. DATE SIGNED: 9/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-24-1959
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
23d. LOCATION (City, town, or county) (State): Neosho Missouri

24. FUNERAL DIRECTOR ADDRESS: Thompson Funeral Home Inc. Neosho Mo.
25. DATE RECD. BY LOCAL REG.: 9/26/59
26. REGISTRAR'S SIGNATURE: Melvin C. Bergman M.D. Per RN.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clyde M. Dawson

Signature of Student Embalmer

Licensed Embalmer No. 5065

P. O. Address Neosho M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.