

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

85-023476

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 152

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 28 1965

VS 300
Rev. 4/59

1 0421
2 0421
3
4 1
5 2
6
7 0
8 2
9 420.0
10
11
12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor,	
Length of stay in 1b 43 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resthaven Nursing Home		d. STREET ADDRESS (If outside, give location) 301 S. Smith St.,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JANE ROXIE NARRAMORE			4. DATE OF DEATH Month June Day 15 Year 1965
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/20/1877
9. AGE (last birthday) 88		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) at home		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Ray County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William McCorkendale	
13b. MOTHER'S MAIDEN NAME Frances Hankey		14. NAME OF HUSBAND OR WIFE Wm. Narramore	
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. none	17. INFORMANT Mabel Whitesell, Excelsior, Minn.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY Terminal Broncho-Pneumonia Arteriosclerotic Ht. Dis. with Congestive Failure Senility DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 8-10 hrs. 2-3 wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Recurrent Cystitis			
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.)			
20c. TIME OF INJURY Hour Month, Day, Year		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	
8-23-60		6-15-65	
21. I attended the deceased from 10:45 a. to 6-15-65 and last saw her alive on 6-15-65		Death occurred at 10:45 a. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Claude M. Ruben		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED 6-17-65			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 17, 1965	
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery, Windsor, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo.		25. DATE RECD. BY LOCAL REG. June 21, 65	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

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 *Elmer Houston*

Licensed Embalmer No. 3791

P. O. Address Windsor, 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.