

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8378 Registrar's No. 39

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-MIDDLETON.TWP 0540	
c. LENGTH OF STAY (In this place) 15 dys		d. STREET ADDRESS (If rural, give location) 2 Mi. S.E. Waverly, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Mem. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) HARRIET b. (Middle) JANE c. (Last) LACY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 15, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Beall		13b. MOTHER'S MAIDEN NAME Jacqueline Burgess		14. NAME OF HUSBAND OR WIFE -----	
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'S SIGNATURE OR NAME ADDRESS Jacqueline Cravens K.C. Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		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) Myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Saline Mo.			
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? ✓			

22. I hereby certify that I attended the deceased from **Feb 1, 1953**, to **Feb 7, 1953**, that I last saw the deceased alive on **Feb 7, 1953**, and that death occurred at **5:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deed or title) John R. Lawrence M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 2/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 10, 53	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	24d. LOCATION (City, town, or county) (State) Saline Co. Mo.
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DATE REC'D BY LOCAL REG. 2-10-1953	REGISTRAR'S SIGNATURE Widney T. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Herschbeger Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

972
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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
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.