

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY (If outside corporate limits, write RURAL and give town) HANNIBAL
c. LENGTH OF STAY (in this place) 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILL.
b. COUNTY PIKE
c. CITY OR TOWN BARRY
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 305 DECATUR 8120 8

3. NAME OF DECEASED
a. (First) Daughter b. (Middle) UN NAMED c. (Last) M. Goldie Harris
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
5-29-1954

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH 5-28-1954 9. AGE (In years last birthday) 1 If UNDER 1 YEAR Months 1 Days 30 If UNDER 24 Hrs. Hours 1 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) HANNIBAL, MO 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ~~STELLA ANN ANDERSON~~ 13b. MOTHER'S MAIDEN NAME GOLIE HARRIS 14. NAME OF HUSBAND OR WIFE NONE

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie Harris - Barry, Ill ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) menstrual cramps 4 months
ANTECEDENT CAUSES DUE TO (b) cut 12 1/2 oz.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
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 _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 776X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/28, 1954, to 5/29, 1954, that I last saw the deceased alive on 5/29, 1954 and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS [Address] 23c. DATE SIGNED 5/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5-29-54 24c. NAME OF CEMETERY OR CREMATORY GRAND VIEW C.E.M. 24d. LOCATION (City, town, or county) (State) HANNIBAL, MO

DATE REC'D BY LOCAL REG. 6-1-54 REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

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

RECEIVED JUN 4 1954
MARION CO. HEALTH DEPT.
DATE FILED JUN 4 1954

23.

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..... *Raymond Clark*

Licensed Embalmer No. *421*

P. O. Address *London*

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.