

FILED JUN 14 1955

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

16185

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Demassot</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demassot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Passola twp</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1.80</u>	
		• STREET ADDRESS (If rural, give location) <u>1 1/2 miles north - Bragg City</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marilyn Elaine</u>	b. (Middle) <u>Lark</u>	c. (Last) <u>Lark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1955</u>
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5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 8, 1954</u>	9. AGE (In years last birthday) <u>1</u> <u>3</u> <u>24</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Bragg City Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Odell Lark</u>	13b. MOTHER'S MAIDEN NAME <u>Rosie Lee Weaver</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Rosie Lee Lark</u>	ADDRESS <u>Bragg City Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9160</u> <u>10</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Passola twp Demassot Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Demassot Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home burned up</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. German</u> (degree or title) <u>3</u>	23b. ADDRESS <u>Hayti Mo</u>	23c. DATE SIGNED <u>6-2-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-6-55</u>	REGISTRAR'S SIGNATURE <u>John H. German</u> 406-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Odell German</u>	ADDRESS <u>Hayti, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-176-55

JUN 13 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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

*[Handwritten signature of John H. Herman]*

Signed .....  
*[Handwritten signature: John H. Herman]*

Licensed Embalmer No. *43*

P. O. Address *Hayti*

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.