

FILED DEC 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. **39360**BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **232**

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 3 years		c. CITY OR TOWN Marshall		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 268 South Jefferson				e. STREET ADDRESS (If rural, give location) 268 South Jefferson					
3. NAME OF DECEASED (Type or Print) Harriet			a. (First)		b. (Middle) Laurie		c. (Last)		
5. SEX Female			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		4. DATE OF DEATH Dec. 2, 1955		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10b. KIND OF BUSINESS OR INDUSTRY Public Schools		8. DATE OF BIRTH Oct. 11, 1882		9. AGE (In years last birthday) 73		
11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		IF UNDER 1 YEAR Months 1 Days 21		IF UNDER 24 HRS. Hours Min. 		
13a. FATHER'S NAME William B. Laurie			13b. MOTHER'S MAIDEN NAME Mettie Smith			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Annie Laurie Marshall, Mo. ADDRESS Marshall, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma left ovary				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) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X					
19a. DATE OF OPERATION 7-26-55		19b. MAJOR FINDINGS OF OPERATION Tumor not removable. Swollen all pelvic viscera -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) Marshall (COUNTY) Saline (STATE) Mo.					
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?					
22. I hereby certify that I attended the deceased from July 16, 1955 , to Dec. 2, 1955 , that I last saw the deceased alive on Dec. 2, 1955 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE E. E. Eshen (Degree or title) M.D.				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 12-3-55.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri			
DATE REC'D BY LOCAL REG. Dec 5-55		REGISTRAR'S SIGNATURE Cecil J. Reed		385-0 deputy		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
James H. Lewis

Licensed Embalmer No. *470*

P. O. Address *Marshall*

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.