

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1955

State File No. **39959**

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 68

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|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Christian Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> | |
| b. CITY OR TOWN <u>Osark</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Ava</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>R. 3</u> | |

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|---|---------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>L.</u> c. (Last) <u>Marrison</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 9, 1955</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 19, 1874</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) | |
| 13a. FATHER'S NAME <u>Henry H. Harless</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Sebree</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wid. Marrison</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Law Marrison, Osark, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |

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| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u> | | |
| 19a. DATE 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.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Nov 15, 1955, to Dec 6, 1955, that I last saw the deceased alive on Dec 6, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Vincent P. McCormick D.O.</u> | 23b. ADDRESS <u>Osark, Mo.</u> | 23c. DATE SIGNED <u>12/13/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12-12-55</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>Goodhope</u> |
| 24d. LOCATION (City, town, or county) (State) <u>R. 3 Ava Mo.</u> | | |

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|--|--|----|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec 19-1955</u> | REGISTRAR'S SIGNATURE <u>Luella Leonard</u> | 59 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint King</u> | ADDRESS <u>Funeral Home</u> |
|--|--|----|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Lyle C. Clinkingshead*.....

Licensed Embalmer No...483

P. O. Address...*Quincy, 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.