

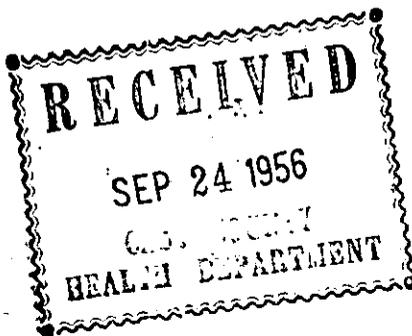
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33099

FILED SEP 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>5227</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>CASS</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar Township</u>		c. LENGTH OF STAY (in this place) <u>1wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Peculiar Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 2 HARRISONVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>RT. 2 HARRISONVILLE 190</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>AUDREY LORATIVE</u>			b. (Middle) <u>MARKUM</u>			c. (Last) _____	
6. COLOR OR RACE <u>white</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never MARRIED</u>			8. DATE OF BIRTH <u>Sept. 19, 1912</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			9. AGE (in years last birthday) <u>44</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>LeRoy MARKUM</u>	
13b. MOTHER'S MAIDEN NAME <u>MAGGIE L. WILSON</u>			13c. NAME OF HUSBAND OR WIFE <u>NONE</u>			14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
15. SOCIAL SECURITY NO. <u>NO</u>			16. INFORMANT'S SIGNATURE OR NAME <u>EDWARD MOORE JR. RT 2 HARRISONVILLE</u>			17. ADDRESS _____	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACCIDENTAL DROWNING</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.				ANTECEDENT CAUSES			
				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>9298</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>	
		<u>42</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LANE</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Peculiar Township</u> (COUNTY) <u>CASS</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 15 56 4P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Acc Dental Drowning</u>			
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 <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bernard Janda (Clerk)</u>				23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>9/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Peculiar, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4578</u>		REGISTRAR'S SIGNATURE <u>Dora Barua</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson Bros Harrisonville, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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



OCT 25 1956

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 Robert Robinson

Licensed Embalmer No. 4902

P. O. Address Hurricane, 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.