

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20072**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **241**

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

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give town) Columbia | c. LENGTH OF STAY (in this place) 1 yr. | c. CITY OR TOWN Ashland, Mo. | 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 Boone Co. Rest Home | | e. STREET ADDRESS (If rural, give location) Ashland, Mo. 8100 | |

| | | | | | |
|--|------------------------|----------------------------|-------------------------|--|---------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Lura | b. (Middle) Francis | c. (Last) Harmon | 4. DATE OF DEATH (Month) (Day) (Year) | June 27 1957 |
|--|------------------------|----------------------------|-------------------------|--|---------------------|

| | | | | | | |
|----------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 5 1899 | 9. AGE (in years last birthday) 77 | IF UNDER 1 YEAR Months 7 Days 22 | IF UNDER 24 HRS. Hours 2 Min. 22 |
|----------------------|-------------------------------|---|-------------------------------------|---|--|--|

| | | | |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (City and State or Foreign Country) Boone Co. Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|--|--|

| | | |
|---|--|-----------------------------|
| 13a. FATHER'S NAME Edward C. Nichols | 13b. MOTHER'S MAIDEN NAME Sarah E. Morris | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

| | | | |
|---|-------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME B.P. Nichols | ADDRESS McBain, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 wks. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis | | |
| | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | 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 **July 1954**, to **June 27 1957** that I last saw the deceased alive on **June 21, 1957**, and that death occurred at **10A m.**, from the causes and on the date stated above.

| | | |
|--|------------------------------|---------------------------------|
| 23a. SIGNATURE F. C. August (Degree or title) M.D. | 23b. ADDRESS Columbia | 23c. DATE SIGNED 6/28 57 |
|--|------------------------------|---------------------------------|

| | | | |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 29 1957 | 24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery | 24d. LOCATION (City, town, or county) (State) Ashland, Missouri |
|---|-------------------------------|--|--|

| | | | |
|--|---|---|---------------------------|
| DATE REC'D BY LOCAL REG. June 29 1957 | REGISTRAR'S SIGNATURE Mrs R E Palmer | 25. FUNERAL DIRECTOR'S SIGNATURE W. C. Burnett | ADDRESS Ashland Mo |
|--|---|---|---------------------------|

OCT 29 1958

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 *W^m L. Burnett*

Licensed Embalmer No. *356*

P. O. Address *Ashland*

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.