

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 022203
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 107

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Saline		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		a. STATE Missouri		b. COUNTY Saline	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN Marshall,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1. 4W.65hiway on20 hiway		20 hiway		d. STREET ADDRESS 201 N.English		(If outside, give location) 097 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Lillie		Middle L.		Last Harris		Month Day Year June 8, 1957	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1892	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 65		IF UNDER 24 HRS. Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Malta Bend, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Andrew Jackson				14. MOTHER'S MAIDEN NAME Adline Sims			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Albert Harris, Marshall, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to death in Automobile. DUE TO (b) Auto struck by another car, and DUE TO (c) fire Gasoline PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 5 11:17
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car hit in rear by another car, gasoline				
20c. TIME OF INJURY Hour Month, Day, Year 10:30 p. m. 6-8-57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hiway 20				
20e. CITY, TOWN, OR LOCATION, COUNTY STATE Marshall Miss Saline Mo							
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) 3 W. P. Brown, Saline Mo				22b. ADDRESS Marshall Mo		22c. DATE SIGNED 6-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-14-57		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Margaret Green Marshall Mo				25. DATE RECD. BY LOCAL REG. 6-12-57		26. REGISTRAR'S SIGNATURE Ceil G. Read	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *George Green*
.....

Licensed Embalmer No. 42

P. O. Address *Michigan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.