

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004456
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 105

300
1-57

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEBANON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLIS FISCHER		Length of stay in lb 13 DAYS	d. STREET ADDRESS (If outside, give location) R.F.D. # 3
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROBERTA VIOLET HARRELL			4. DATE OF DEATH Month Day Year 3 - 6 - 1958			
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-17-1910		9. AGE (In years last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LACLEDE CO. MISSOURI		
				12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME IVA ENGLISH		14. NAME OF HUSBAND OR WIFE LEROY HARRELL	
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. none		17. INFORMANT Address HOSPITAL RECORDS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) generalized carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 2 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adeno carcinoma of left breast			15 mo
	DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-7-57 to 3-6-58 and last saw her alive on 3-6-58 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.			22b. ADDRESS Columbia, Mo		22c. DATE SIGNED 3-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/8/1958	23c. NAME OF CEMETERY OR CREMATORY glad. Cem.		23d. LOCATION (City, town, or county) (State) Dallas Co. Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home		25. DATE RECD. BY LOCAL REG. Mar 6 1958		26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Blyde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo, N.Y.*

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.