

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012816

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 400 E. Eastwood	Length of stay in 1b 16 years	d. STREET ADDRESS (If outside, give location) 400 E. Eastwood	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anna Elizabeth Hume			4. DATE OF DEATH Month Day Year March 16th 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Saline County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lucien D. Harrison		13b. MOTHER'S MAIDEN NAME Ella Hardin Bailey	
14. NAME OF HUSBAND OR WIFE -----		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. 495-36-5638		17. INFORMANT Address Mrs. Maurice Sydenstricker, Marshall Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging. Self inflicted. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) In basements of home DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 974X			INTERVAL BETWEEN ONSET AND DEATH 2 med.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) By hanging. In basements of home 2.	
20c. TIME OF INJURY Hour Month, Day, Year 8 a.m. 3-16-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See home	
20e. CITY, TOWN, OR LOCATION Marshall		20f. COUNTY STATE Saline Mo	
21. I attended the deceased from 8:00 AM Made in vestigat. and last saw him Other labor on 58 Death occurred at 8 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. L. Lawless M.D., Coroner Saline Co.		22b. ADDRESS Marshall Mo.	
22c. DATE SIGNED 3-16-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-19-1958	
23c. NAME OF CEMETERY OR CREMATORY Union cemetery		23d. LOCATION (City, town, or county) (State) Saline County Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 3-18-58	
26. REGISTRAR'S SIGNATURE Carl J. Reed			

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 *R. W. Campbell*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

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.