

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008040

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 334

Primary Registration District No. 3072

Registrar's No. 34

300
-57

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 09720 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 555 S.Redman		Length of stay in lb 4years	d. STREET ADDRESS (If outside, give location) 555 S.Redman Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Slyvia Middle Cornelius Last Lawrence			4. DATE OF DEATH Month Feb , Day 20 , Year 1959			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 30th 1900		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 58 Days 4 Hours 20 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Marshall, Missouri 6		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Cornelius		13b. MOTHER'S MAIDEN NAME Cora Turner		
14. NAME OF HUSBAND OR WIFE Thomas Lawrence		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		
17. INFORMANT Miss. Elizabeth Cornelius, Marshall, Mo.		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Uterus			INTERVAL BETWEEN ONSET AND DEATH Cancer
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> J

20a. ACCIDENT <input 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.) 1		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT WORK <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 2 Jan 1959 to 16 Feb 1959 and last saw her alive on 16 Feb 1959 Death occurred at 7:10p on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert W. Bealock md			22b. ADDRESS 370 S Odell Marshall, Mo		22c. DATE SIGNED 21 Feb 59

23a. BURIAL, CREMATION, OR OTHER (Specify) Burial		23b. DATE 2/25/59		23c. NAME OF CEMETERY OR OTHER Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Sergeant Green, Marshall, Mo				25. DATE RECD. BY LOCAL REG. 2-23-59		26. REGISTRAR'S SIGNATURE Cecil G. Head	

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 *Rayett Green*
Licensed Embalmer No. *4720*
P. O. Address *Marshall, Va.*

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.