

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43071

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY OR TOWN <u>Marshall</u>	d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>0</u> Yrs.		e. STREET ADDRESS (If rural, give location) <u>534 N. Odell</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>534 N. Odell</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nettie</u>	b. (Middle) <u>Burnett</u>	c. (Last) <u>Yowell</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Nettie</u>	<u>Burnett</u>	<u>Yowell</u>	<u>12</u> <u>25</u> <u>1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 12-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Hours <u>13</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse all</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her Life</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arrow Rock, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>D. Lawless</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Dawson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-5553</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn Renick-Marshall, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation by hanging</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dependence</u>		
	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 <u>E974 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>P.M. 25, 1954 12:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hanging by own hands.</u>
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22. I hereby certify that I attended the deceased from investigation on 12-25-54, 1954, that I last saw the deceased alive on 12-25-54, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. L. Lawless M.P. Coroner Saline Co</u>	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>12-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12, 29, 54</u>	REGISTRAR'S SIGNATURE <u>Bianey T. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leticia Surrain-Marshall</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *J. Leslie Sussman*

Licensed Embalmer No. *323*

P. O. Address *Meriden*

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.