

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9245

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 8045 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 S. Locust St.		d. STREET ADDRESS (If rural, give location) 516 S. Locust St.			

3. NAME OF DECEASED (Type or Print) a. (First) Lula			b. (Middle) (Marbury)			c. (Last) Marberry			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1949					
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 31, 1882			9. AGE (In years last birthday) 66		10. MONTHS 2	11. DAYS 15	12. IF UNDER 24 HRS. Hours 	13. IF UNDER 1 MIN. Min.
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 (State or foreign country) Dresden, Tennessee			12. CITIZEN OF WHAT COUNTRY? U.S.S.A.			

13a. FATHER'S NAME Peter Owens			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE James Marberry		
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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) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Charlie Owens, Union City, Tenn.		ADDRESS Tenn.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 6 mono. (biat.)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease Left Hemiplegia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Nephritis						10 mono. Heat.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-23-1949**, to **3-7-1949**, that I last saw the deceased alive on **3-7-1949**, and that death occurred at **10:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Tengel		(Degree or title) MD		23b. ADDRESS 704 S. Locust St. Charleston Mo.		23c. DATE SIGNED 3-16-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
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DATE REC'D BY LOCAL REG. Mar. 19-49		REGISTRAR'S SIGNATURE Mr. John Bondurant		196		25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks		ADDRESS Charleston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 349-415

Date Filed 3-22-69

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.

Signed Frank Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau

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 this body is not embalmed, fact should be so stated above.