

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12996

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>	
c. LENGTH OF STAY (In this place) <b>40yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Buckprarie Twship</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Nickles</b> c. (Last) <b>Marler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 21 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar 24 1866</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR <b>0</b> Months <b>28</b> Days	IF UNDER 2 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Produce Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Produce</b>	11. BIRTHPLACE (State or foreign country) <b>Baxter County Ark</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>John E Marler</b>		13b. MOTHER'S MAIDEN NAME <b>Mahulda White</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Marler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Cora Marler Marionville Mo.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> DUE TO (b) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4-22-49	
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 <b>1946</b> to <b>April 21, 1949</b> , that I last saw the deceased alive on <b>April 20, 1949</b> , and that death occurred at <b>12:15 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. P. Coe</b>		23b. ADDRESS <b>M.O.V. Marionville, Mo.</b>	23c. DATE SIGNED <b>4-23-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr 24/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Marionville Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Apr. 23-49</b>		REGISTRAR'S SIGNATURE <b>Ora Mc Nath</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. B. Shurridge Marionville Mo.</b>

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

RECEIVED

District Health Officer No. 6,

District File Number 449-427

Date Filed 4-28-49

DEC 8 1949

MAY 5 1949

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 \_\_\_\_\_  
Student Embalmer

Signed Herman Curridy

Licensed Embalmer No. 3072

P. O. Address Marionville Mo

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.