

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18383**

BIRTH NO. _____ REG. DIST. NO. **355** PRIMARY REG. DIST. NO. **6202** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Texas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Carroll		c. LENGTH OF STAY (If this place) wife	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Carroll		d. STREET ADDRESS (If rural, give location) 3 mi S of Eunice, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION 1					
3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) ADELINE c. (Last) MARGUIS			4. DATE OF DEATH (Month) (Day) (Year) 4 29 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 12, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 5 Days 17
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) Texas Co. Mo		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Allen Amfield		13b. MOTHER'S MAIDEN NAME Elyza Ford		14. NAME OF HUSBAND OR WIFE William Marguis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS William Marguis Eunice Mo		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial Hypertension DUE TO (c) Sugar Diabetes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 260X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Feb , 19 49 , to April 29 , 19 49 , that I last saw the deceased alive on April 29 , 19 49 , and that death occurred at 3:00 P.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. Laverne Hampton, D.O.		23b. ADDRESS Summersville		23c. DATE SIGNED May 4	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Bethel	24d. LOCATION (City, town, or county) (State) Texas Co. Mo		
DATE REC'D BY LOCAL REG. May 5 - 49	REGISTRAR'S SIGNATURE Mrs C. E. Murphree		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Gaylord O. Elliott Houston, Mo		

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

1070

RECEIVED 5/16/49
District Health Officer No. 5,
District File Number 649382
Date Filed 6/2/49

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 E. Hood

Signed _____
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.