

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30934

State File No. _____
Registrar's No. 261

BIRTH NO. _____ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek</u>	
c. LENGTH OF STAY (In this place) <u>63</u>		d. STREET ADDRESS (If rural, give location) <u>2000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Horace</u>	b. (Middle) <u>G.</u>	c. (Last) <u>Marriott</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept. 13, 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 16, 1902</u>	9. AGE (In years last birthday) <u>46</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Marine</u>	11. BIRTHPLACE (State or foreign country) <u>Versailles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Horace Murphy Marriott</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Hannah Otten</u>	14. NAME OF HUSBAND OR WIFE <u>Lois Marriott</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>538-09-8540</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. McMichael, Record Clerk</u>	ADDRESS <u>Mo. State Sanatorium, Mt. Vernon, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Advanced Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from July 12, 1949, to Sept. 13, 1949, that I last saw the deceased alive on Sept. 13, 1949, and that death occurred at 3:45am., from the causes and on the date stated above.

23a. SIGNATURE <u>C. D. Brasher, M.D.</u> (Degree or title)	23b. ADDRESS <u>Mount Vernon, Missouri</u>	23c. DATE SIGNED <u>Sept. 13</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 13/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camdenpton, Mo near Camdenpton</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Sept 14/1949</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u>	ADDRESS <u>Mt Vernon</u>
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RECEIVED SEP 16 1949

District Health

District File Number

Date Filed

J. S.
949-1041

10-7-49

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.

Student

Student Embalmer

Signed

George B. Orr

Licensed Embalmer No.

946

P. O. Address

MK Vernon Md

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.