

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38004

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Olean</u>	c. LENGTH OF STAY (In this place) <u>2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Olean</u>	d. STREET ADDRESS (If rural, give location) <u>—</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>—</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) <u>Cleveland</u> c. (Last) <u>Markle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30-1949</u>		
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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>Oct. 15-1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Ullman, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Nelson Markle</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Horton</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Markle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-12-4161</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Markle</u>	ADDRESS <u>Olean Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the Liver</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5810
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 7-13-1949 to 10-30-1949, that I last saw the deceased alive on 10-29-1949, and that death occurred at 9:45pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl J. Buehler, MD</u>	(Degree or title)	23b. ADDRESS <u>Aldon Mo.</u>	23c. DATE SIGNED <u>10-31-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/1/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gott Cem</u>	24d. LOCATION (City, town, or county) (State) <u>3 mi N. of Brumley Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Oliveretta Walters</u>	192	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Payne</u>	ADDRESS <u>Aldon Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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District File Number
District Health Officer No. 9,
RECEIVED NOV 15 1919

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 _____

J. H. Stevenson
Licensed Embalmer No. 4073
P. O. Address Stover 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.