

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **1580**

FILED FEB 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **17**

**0512**

**1**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Johnson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY OR TOWN <b>Warrensburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>	
c. LENGTH OF STAY (In this place) <b>6 Months</b>		d. STREET ADDRESS (If rural, give location) <b>418 N. Maguire</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>418 N. Maguire</b>		d. STREET ADDRESS <b>418 N. Maguire</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Belle</b> c. (Last) <b>Markey</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 2, 1950</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>August 11, 1878</b>
<b>9. AGE</b> (In years last birthday) <b>71</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Homemaking</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>
<b>13a. FATHER'S NAME</b> <b>Ephraim Katherman</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sallie Miller</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edward A. Markey</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Eph Markey</b> ADDRESS <b>Kansas City, Mo.</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>arterio sclerosis - cerebral</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 yrs</b>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from July, 1949, to Feb 2, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Reed Mason M.D.</b>		<b>23b. ADDRESS</b> <b>122 E. Market</b>	<b>23c. DATE SIGNED</b> <b>Feb 3, 1950</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2-5-50</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Centerview Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Centerview, Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>Feb 13, 1950</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Saranne Dutech</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. Brundage</b> ADDRESS <b>Warrensburg, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *R. B. Brundage*

Signed.....  
Student Embalmer

Licensed Embalmer No. 5527

P. O. Address Warrenton, Ore

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.