

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5278

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BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUDORA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUDORA</u> <u>0551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>15. East Pine</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u>	b. (Middle) <u>MARYNE</u>	c. (Last) <u>MARYNE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 25 50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 14 1886</u>
9. AGE (In years last birthday) <u>62</u>	10. MONTH <u>7</u>	11. DAY <u>21</u>	12. HOUR <u></u> MIN. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Laurence</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. Laurence</u>
13a. FATHER'S NAME <u>JAMES P. ROLES</u>	13b. MOTHER'S MAIDEN NAME <u>AIRBELLE unknown</u>	14. NAME OF HUSBAND OR WIFE <u>George Gardner</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Gardner</u>	18. ADDRESS <u>Osborne 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 <u>2 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUPLICATE (b) <u>Lepthitis</u>		3 months
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				593X

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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 1949, to Feb 25, 1950; that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Copple M.P.</u>	23b. ADDRESS <u>Osborne, Mo.</u>	23c. DATE SIGNED <u>2-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee</u>	24d. LOCATION (City, town, or county) (State) <u>Osborne Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 2-50</u>	REGISTRAR'S SIGNATURE <u>Orin Mc Natt</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Dean S. Maud</u>	ADDRESS <u>Osborne</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 7 1950

District Health Office N
District File Number 350-307
Date Filed 3-9-50

RECEIVED MAR 7 1950
District Health
District File No. _____
Date Filed _____

MAR 18 1950

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Quora J. Marsh

Licensed Embalmer No. 2812

P. O. Address Quora, 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.