

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15577

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6114 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vanduser 6114</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vanduser rural 1000</u>	
c. LENGTH OF STAY (In this place) <u>17 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi S.E. of Vanduser</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi S.E. Vanduser</u>		e. STREET ADDRESS (If rural, give location) <u>2 mi S.E. of Vanduser</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lizzie</u>	b. (Middle) <u>Marvel</u>	c. (Last) <u>Marvel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 25 50</u>
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5. SEX <u>Female</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/4/1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
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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>-</u>	11. BIRTHPLACE (State or foreign country) <u>Clarksville Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Gas Wise</u>	13b. MOTHER'S MAIDEN NAME <u>Bill Wooden</u>	14. NAME OF HUSBAND OR WIFE <u>Martin Marvel</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J C Freeman Crowder</u>	ADDRESS <u>Crowder</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>33 H</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u>		
	DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>X</u>

22. I hereby certify that I attended the deceased from 4/11, 1950, to 4/25, 1950 that I last saw the deceased alive on 4/25, 1950 and that death occurred at a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. A. Clinch MD</u>	23b. ADDRESS <u>Oran Mo</u>	23c. DATE SIGNED <u>4/26/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Ark</u>
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DATE REC'D BY LOCAL REG. <u>May 5-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelch Funeral Home</u>	ADDRESS <u>Clarksville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 8 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 550-29

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 Raymond Crews

Signed _____
Student Embalmer

Licensed Embalmer No. 3867

P. O. Address Silverton 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.