S. No. 300
. 10.48

FILED JUN 7 1950

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 17584

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 24

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: Morgan | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE: Missouri b. COUNTY: Morgan |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles<br>c. LENGTH OF STAY (in this place): Lifetime | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles 0710 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 603 W. Washington | d. STREET ADDRESS (If rural, give location): 603 W. Washington 0 |

| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|---|
| | Lester | Walter | Marriott | May 28, 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male 0 | White | Married / | May 1, 1898 | 52 | 0 | 28 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Interior Decorator | Painter & Paperhanger | Morgan Co, Missouri 0 | U.S.A. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Walse Marriott | Malissia Huff | Fannie Marriott |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME | ADDRESS |
|---|---|---|---|---|
| No | None | 497-14-6087 | Fannie Marriott | Versailles, Mo. |

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Hypostatic Pneumonia | week- |
| ANTECEDENT CAUSES<br>*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Carcinoma of liver | 8 mo- |
| DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS<br>*Conditions contributing to the death but not related to the disease or condition causing death.* | | 156A |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☒ |

| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. *I hereby certify that I attended the deceased from* May 26, 1950, *to* May 28, 1950 *that I last saw the deceased alive on* May 28, 1950 *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED |
|---|---|---|
| P. F. Eckhoff D.O. 2 | Versailles, Mo | 6-2-50 |

| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial // | May 31, 1950 | Versailles | Versailles, Missouri |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| June 3-1950 | J. L. Washburn, M.D. 214 | [signature] | Versailles, Mo. |

Per Vera O. Kidwell, Deputy

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-5-50
District Health Officer No. 7
District File Number 5-50-602
Date Filed 6-6-50

## 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 C. Horber

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo

Signed .....
Student Embalmer

**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.