

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19298

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 50		
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lamar		c. LENGTH OF STAY (In this place) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) Richland Twp. 0060				
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial				d. STREET ADDRESS (If rural, give locality) Route 2 Lamar				
3. NAME OF DECEASED (Type or Print) Evelyn			a. (First) Evelyn		b. (Middle) warbleous		c. (Last) Marrs	
4. DATE OF DEATH June 23, 1950		(Month) (Day) (Year)						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Jan. 4, 1870		
9. AGE (In years, last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Alfred Whitmore			13b. MOTHER'S MAIDEN NAME Elizabeth warbleous			14. NAME OF HUSBAND OR WIFE William Marrs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Oscar Haile				
				ADDRESS Lamar, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Curricular Fibrillation Coronary Sclerosis and Gen. Arteriosclerosis					Months Several years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age					4501	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 March 14, 1950, to June 23, 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 6:48 p.m., from the causes and on the date stated above.								
23a. SIGNATURE H.M. Arnold M.D.				23b. ADDRESS Lamar Mo.		23c. DATE SIGNED 6-23-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed Removal		24b. DATE 6-25-1950		24c. NAME OF CEMETERY OR CREMATORY Grace Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Howard, Kansas		
DATE REC'D BY LOCAL REG. 6-24-1950		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Chile		ADDRESS Lamar 760		

(Licensed Embalmer, Statement on Reverse Side)

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

RECEIVED JUN 26 1950

District Health Office No. 6,

District File Number 650-713

Date Filed 6-26-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence W. Childs

Signed.....
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lamar 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.