

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Marcus

State File No. 19957

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 539	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield		a. STATE Missouri		b. COUNTY Greene	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS 1636 N. National		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp.				d. STREET ADDRESS (If rural, give location) 1636 N. National			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle)		c. (Last) Wilson	
4. DATE OF DEATH		Month June		Day 10		Year 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 28, 1870	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Plato, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. C. Hicks		13b. MOTHER'S MAIDEN NAME Nancy (Unknown)		14. NAME OF HUSBAND OR WIFE XX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.C. Pauly Rt # 9 Spfld, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				4200	
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) m.		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 <u>June 7, 1950</u> , to <u>June 10, 1950</u> , that I last saw the deceased alive on <u>June 10, 1950</u> , and that death occurred at <u>8 a.</u> m., from <u>the causes and on the date stated above.</u>							
23a. SIGNATURE <u>Edward Marcus M.D.</u> (Degree or title)				23b. ADDRESS <u>623 Woodruff Bldg</u>		23c. DATE SIGNED <u>6/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>6-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-13-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 William Greer

Signed.....
Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Springfield, 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.