

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20708

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 330 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) N. 4th., St.,	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Ellen	c. (Last) Marlow	4. DATE OF DEATH (Month) (Day) (Year) May 17, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH (In years last birthday) (Month) (Day) (Hour) (Min.) Aug. 28, 1878 7/8/19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Francois County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Lewis Day	13b. MOTHER'S MAIDEN NAME Phoebe Marler	14. NAME OF HUSBAND OR WIFE Theodore Marlow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lucy Birr, 1610 Monroe, Toledo O.	ADDRESS
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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, 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) Carcinoma of breast		7 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to lungs		2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast	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 5/13, 1948, to 5/17, 1950, that I last saw the deceased alive on 5/16, 1950; and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 5/19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Methodist	24d. LOCATION (City, town, or county) (State) Festus, Mo.
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DATE REC'D BY LOCAL REG. May 19, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	142	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Festus Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1501

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 6-14-30

Handwritten notes:
MRS. J. K. ...
...

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.

Student _____
Student Embalmer _____

Signed *Al Omyard*
Licensed Embalmer No. *3010*
P. O. Address *Festus 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.