

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20926

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 233

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 8120	
c. LENGTH OF STAY (in this place) 6 WEEKS		d. STREET ADDRESS (If rural, give location) FALLCREEK ROAD	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION STELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LOLA b. (Middle) BLANCH c. (Last) MARX	4. DATE OF DEATH (Month) (Day) (Year) JULY 8 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH OCT 31, 1893	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME MART DUGGER	13b. MOTHER'S MAIDEN NAME ALICE BRADY	14. NAME OF HUSBAND OR WIFE CHARLES MARX
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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) —	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Charles Marx 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aleukemic Myelogenous Leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Acute Cholecystitis		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Acute Pancreatitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 5-28-50, 19 , to 7-8-50, 19 , that I last saw the deceased alive on 7-8-50, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE N. L. Green (Degree or title) M.D.	23b. ADDRESS 100 N. Sixth Hannibal Mo	23c. DATE SIGNED 7-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) 11	24b. DATE JULY 12, 1950	24c. NAME OF CEMETERY OR CREMATORY GRANDVIEW	24d. LOCATION (City, town, or county) (State) HANNIBAL MO
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DATE REC'D BY LOCAL REG. 7-10-50	REGISTRAR'S SIGNATURE W. E. M. Lucke	FUNERAL DIRECTOR'S SIGNATURE Joseph Clark	ADDRESS Hannibal Mo.
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JUL 12 1950

MISSOURI O. HEALTH DEPT.
DATE FILED JUL 13 1950

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 _____

Ralph Clark

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Jennett, 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.