

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29942

FILED OCT 9 1950

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meramac Twp. Sullivan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meramac Twp. Sullivan, Mo	
c. LENGTH OF STAY (In this place) 1 Year			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #2, Sullivan, Mo		d. STREET ADDRESS (If rural, give location) Rt. #2, Sullivan, Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) T.	c. (Last) Marren	4. DATE OF DEATH (Month) (Day) (Year)
	Sept	28	1950	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 22 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 5	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical	10b. KIND OF BUSINESS OR INDUSTRY Clerical	11. BIRTHPLACE (State or foreign country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Marren	13b. MOTHER'S MAIDEN NAME Mary Ann McDonald	14. NAME OF HUSBAND OR WIFE Not Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) None 491-26-1537	17. INFORMANT'S SIGNATURE OR NAME Irene Marren Newman, Sullivan, Mo.	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 145X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma tonsils and mouth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 April, 1950, to 9-28, 1950, that I last saw the deceased alive on 9-22, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE O. A. Proctor M.D.	(Degree or title)	23b. ADDRESS Sullivan, Mo	23c. DATE SIGNED 9/28/1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 30, 50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 9/28/1950	REGISTRAR'S SIGNATURE O. A. Proctor	25. FUNERAL DIRECTOR'S SIGNATURE Schnur Funeral Home, St. Louis, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 1950
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File No. _____
DISTRICT HEALTH OFFICE No. 4
OCT - 3 1950

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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 _____

Joseph Bollmer

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.