

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31289

804

FILED OCT 10 1950

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		d. STREET ADDRESS <u>R 7th</u>	
3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Marlin</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>4</u> (Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, <u>Widowed</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>May 9, 1867</u>
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Pettis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Gas Marlin</u>		13b. MOTHER'S MAIDEN NAME <u>Lavagie Shaddock</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Ann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Thos. E. Marlin, Farmer</u>		ADDRESS <u>Bearman</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility- Cardio- Nephritis.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage- Left Hemiplegia.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None medical treatment only.</u>	
20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>over 1 year</u> , 19 <u> </u> , to <u>October 4th, 1950</u> , that I last saw the deceased alive on <u>October 4th, 1950</u> and that death occurred at <u>9:05 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>	
23c. DATE SIGNED <u>Oct. 6th, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-6-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ellis</u>		24d. LOCATION (City, town, or county) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-50</u>		REGISTRAR'S SIGNATURE <u>J. Campbell</u>	
FUNDAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros.</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-9-50 _____

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3153

P. O. Address Sedale, S.C.

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.