

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37758

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BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 386

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (In this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Round Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) Round Grove Township	

3. NAME OF DECEASED (Type or Print) a. (First) Gabriel	b. (Middle) Solter	c. (Last) Marksbury	4. DATE OF DEATH (Month) (Day) (Year) 11 12 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 25 Sept. 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John E. Marksbury	13b. MOTHER'S MAIDEN NAME Mary A. Bowles	14. NAME OF HUSBAND OR WIFE Ella Scott Marksbury
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME H.H. Marksbury	ADDRESS Maywood, Mo.
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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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vasculer renal disease DUE TO (c) hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		445X	

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) m.	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 **9 am**, 1950, to **12 pm**, 1950, that I last saw the deceased alive on **12 pm**, 1950, and that death occurred at **2 p** m., from the causes and on the date stated above.

23a. SIGNATURE Wyeth Hamlin M.D.	(Degree or title) D	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 13 Nov 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 Nov. 1950	24c. NAME OF CEMETERY OR CREMATORY Emerson Cemetery	24d. LOCATION (City, town, or county) (State) Emerson Missouri
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DATE REC'D BY LOCAL REG. 11-14-50	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. F. Fisher	25. FEDERAL DIRECTOR'S SIGNATURE Leoris Reed	ADDRESS Palmyra - Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 20 1950

HEALTH DEPT.

DATE FILED

NOV 22 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

George M. Lewis

Student Embalmer No. 381

working under my personal supervision.

Student

George M. Lewis
Student Embalmer

Signed

George M. Lewis

Licensed Embalmer No. 2382

P. O. Address Falmouth, 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.