

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43457

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6259 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural East Benton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY WEBSTER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural East Benton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) JASPER c. (Last) MARLIN

4. DATE OF DEATH DEC. 18, 1950
(Month) (Day) (Year)

5. SEX MALE
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH JAN. 31, 1885

9. AGE (In years if under 1 year last birthday) 65
Months 10 Days 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) WEBSTER Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME WILLIAM MARLIN

13b. MOTHER'S MAIDEN NAME MARY MARTIN

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. J. W. STRAUER FORDLAND, Mo.

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) Rheumatic Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
many years
?
ADLX

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. (AUTOPSY?) YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 Sept, 1949, to Dec, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mort E. Leitan M.D.

23b. ADDRESS
Manfield Mo

23c. DATE SIGNED
Dec 21 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE DEC. 21, 1950

24c. NAME OF CEMETERY OR CREMATORY STEWART Cem.

24d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.

DATE REC'D BY LOCAL REG. 12-22-50

REGISTRAR'S SIGNATURE Lester M. Good

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
KELLEY-FERRELL-BERGMAN FORDLAND MO.

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

1120

1120

1120

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-2564

Date Filed 12-27-50

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland

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.