

FILED FEB 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5020  
Registrar's No. 63

BIRTH NO. 96108-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5358

0480

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

1. PLACE OF DEATH a. COUNTY Jackson <i>Rural</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Blue		c. LENGTH OF STAY (In this place) 2 Mo. 16 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 222 Claremont		d. STREET ADDRESS (If rural, give location) 222 S. Claremont	

3. NAME OF DECEASED (Type or Print) a. (First) Elaine b. (Middle) Sue c. (Last) Marble			4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1951			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED infant	8. DATE OF BIRTH Nov. 28, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 2 Months	IF UNDER 12 HRS. 16 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME: Lyn C. Marble	13b. MOTHER'S MAIDEN NAME Dorothy Johnson	14. NAME OF HUSBAND OR WIFE none
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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 none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lyn C. Marble, Sugar Creek, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Respiratory Failure</i>		INTERVAL BETWEEN ONSET AND DEATH  5 min  Birth  755X
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Suffocation</i> DUE TO (c) <i>Cleft Palate</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1950, to 2-14, 1951, that I last saw the deceased alive on 2-9, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. M. Cernech, M.D.</i> (Degree or title)	23b. ADDRESS <i>Sugar Creek Mo.</i>	23c. DATE SIGNED 2-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. Feb. 15-19 51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Independence, Mo.
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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.

Student .....  
Student Embalmer

Signed *John M. Hixson*.....

Licensed Embalmer No. *4704*.....

P. O. Address *Independence,*.....

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.