

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17727

BIRTH NO.		REG. DIST. NO. 314	PRIMARY REG. DIST. NO. 4460	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roscoe - Missouri		c. LENGTH OF STAY (In this place) 9 years		
d. FULL NAME OF HOSPITAL OR INSTITUTION Roscoe Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roscoe 0930		
3. NAME OF DECEASED (Type or Print) a. (First) Gerald		b. (Middle) Lavern		c. (Last) Marquis
4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951		5. SEX Male 0		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH June 13, 1930
9. AGE (In years to birthday) 20		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Grade School		11. BIRTHPLACE (State or foreign country) Cedar County Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gerald B. Marquis		13b. MOTHER'S MAIDEN NAME Oma Schmidt
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G.B. Marquis, Roscoe Missouri		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaplastic Neurocytoma, of spine 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"/> 193X
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) m.		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 21 Apr., 1950, to 21 May, 1951, that I last saw the deceased alive on 21 May, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.				
23a. SIGNATURE John J. Hill (Degree or title)		23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED 5/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/23/1951		24c. NAME OF CEMETERY OR CREMATORY Love
24d. LOCATION (City, town, or county) Cedar County Mo.		24e. (State)		
DATE REC'D BY LOCAL REG. 5-22-51		REGISTRAR'S SIGNATURE H. Seewers 288		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. ... Osceola Mo

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

RECEIVED 6-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-7-51 _____

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola, 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.