

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30921**
Registrar's No. **233**

FILED OCT 4 1951

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **4353**

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| 1. PLACE OF DEATH a. COUNTY New Madrid | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon | |
| c. LENGTH OF STAY (in this place) 1 Yr. | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | |

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|-------------------------------------|-------------------------|-------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Silas | b. (Middle) None | c. (Last) Marler | 4. DATE OF DEATH (Month) (Day) (Year) 9-30-1951 |
|-------------------------------------|-------------------------|-------------------------|-------------------------|--|

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|-----------------|---------------------------|---|-----------------------------------|---|-------------------------------------|-----------------------------------|--------------------------------|-------------------------------|
| 5. SEX m | 6. COLOR OR RACE w | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9 | 8. DATE OF BIRTH 10-7-1859 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months 11 | IF UNDER 1 YEAR Days 21 | IF UNDER 1 YEAR Hours _____ | IF UNDER 1 YEAR 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 None | 11. BIRTHPLACE (State or foreign country) Wayne County Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Silas Marler | 13b. MOTHER'S MAIDEN NAME Ann Carr | 14. NAME OF HUSBAND OR WIFE Grace Marler deceased |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Regurgitation | | |
| | ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION 4211 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|-----------------------------------|--|---|
| 21a. ACCIDENT (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? none |
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22. I hereby certify that I attended the deceased from **Sept 15, 1951**, to **Sept 30, 1951**, that I last saw the deceased alive on **Sept. 30, 1951**, and that death occurred at **2: P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE B. E. Edlin M.D. | 23b. ADDRESS Gideon | 23c. DATE SIGNED Sept 30/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-2-1951 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Gilead | 24d. LOCATION (City, town, or county) (State) Near Malden, Mo. |
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| DATE REC'D BY LOCAL REG. 10-1-51 | REGISTRAR'S SIGNATURE Mrs. F. G. Hopkins | 25. FUNERAL DIRECTOR'S SIGNATURE Lloyd M. Kussel | ADDRESS Raygett |
|---|---|---|------------------------|

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

0720

0720

RECEIVED

OCT 3 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lloyd M. Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509-Ark.

P. O. Address Fayetteville, Ark.

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.